


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **768232** (1)
1. Corporation Name
FAIRWAYS AT PAR TWO CONDOMINIUM ASSOCIATION, INC



| | | |
|-----------------------------|-----------------|-----------------------------------|
| Principal Place of Business | Mailing Address | 3. Date Incorporated or Qualified |
|-----------------------------|-----------------|-----------------------------------|

| | | |
|--|--|-------------------------------|
| P.O. BOX 10249 NAPLES FL 33941-0249 | P.O. BOX 10249 NAPLES FL 33941-0249 | 05/02/1983 |
| | | 4. FEI Number 59-2380343 |
| | | Applied For Not Applicable |

| | | | |
|---------------------------------|---------------------|--|--------------------------------|
| 21. Principal Place of Business | 2a. Mailing Address | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Suite, Apt #, etc. | Suite, Apt #, etc. | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 22. City & State | 27. City & State | 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23. Zip | 28. Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 34101 | | | |

| | | | | | | | |
|--|--|--|--|--|--|----------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| HART, STEPHEN P COLLIER FINANCIAL, INC 4965 E TAMiami TRAIL NAPLES FL 34113 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | | |
| | | | | FL | 85 | Zip Code | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARIE A. MCCARTHY | 1.2 NAME | D Edward Krause |
| STREET ADDRESS | 4306 27TH CT SW #101 | 1.3 STREET ADDRESS | 6187 St. Francine Drive |
| CITY-ST-ZIP | NAPLES FL | 1.4 CITY-ST-ZIP | Seven Hills, OH 44131 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | TSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAULINE DIAMANTIDES | 2.2 NAME | |
| STREET ADDRESS | 4306 27TH CT SW #208 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 2.4 CITY-ST-ZIP | NAPLES FL 34116 |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORNELIUS MAHONEY | 3.2 NAME | D John Yungas |
| STREET ADDRESS | 4326 27TH CT SW #201 | 3.3 STREET ADDRESS | 4418 Lombard Ave |
| CITY-ST-ZIP | NAPLES FL | 3.4 CITY-ST-ZIP | PARMA OHIO 44134 |
| TITLE | VPD <input type="checkbox"/> DELETE | 4.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUDDOCK, CHARLES | 4.2 NAME | |
| STREET ADDRESS | 4326 27TH COURT SW, #204 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 4.4 CITY-ST-ZIP | NAPLES FL 34116 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHERER, TED | 5.2 NAME | |
| STREET ADDRESS | 4315 27TH COURT SW, #202 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/10/98 941-774-1142

CR2E037 (10/97)