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Apr 21, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 768232

1. Corporation Name

FAIRWAYS AT PAR TWO CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

P.O. BOX 10249
 NAPLES FL 34101
 US

Mailing Address

P.O. BOX 10249
 NAPLES FL 34101
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/02/1983	
23. City & State		28. City & State		4. FEI Number	
24. Zip		29. Zip		59-2380343	
25. Country		30. Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HART, STEPHEN P
 COLLIER FIANANCIAL, INC
 4985 E TAMiami TRAIL
 NAPLES FL 34113

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	D <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSE, EDWARD	1.2 NAME	
STREET ADDRESS	6187 ST FRANCINE DRIVE	1.3 STREET ADDRESS	6187 ST FRANCIS DRIVE
CITY-ST-ZIP	SEVEN HILLS OH 44131	1.4 CITY-ST-ZIP	
TITLE	TSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULINE DIAMANTIDES	2.2 NAME	
STREET ADDRESS	4306 27TH CT SW #206	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUHAS, JOHN	3.2 NAME	
STREET ADDRESS	4418 LONGWOOD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARMA OH 44134	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input 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 34116	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CIANCI, JOAN
STREET ADDRESS		5.3 STREET ADDRESS	4309 27TH CTS.W. #104
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NAPLES, FL 34116
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, with all other like empowered.

SIGNATURE: _____ (NOTARIZED) _____ 4-14-99 455-4740
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (1/198)