

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768232

FILED
Apr 16, 2007
Secretary of State

Entity Name: FAIRWAYS AT PAR TWO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4261 27TH COURT SW
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10249
NAPLES, FL 34101 US

New Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 US

FEI Number: 59-2380343 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PERLINO, ROCCO
Address: 4298 27TH COURT SW 204
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: BROOKS, LOU
Address: 428727TH COURT SW #203
City-St-Zip: NAPLES, FL 34116

Title: VD () Delete
Name: CODERRE, FRANK
Address: 4306 27TH CT. SW #101
City-St-Zip: NAPLES, FL 341167984

Title: STD () Delete
Name: ZAPPALA, JOE
Address: 4309 27TH COURT SW 101
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: ESPOSITO, FRANK
Address: 4318 27TH CT. #205
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCKENZIE, DENNIS
Address: 4275 27TH COURT SW, #101
City-St-Zip: NAPLES, FL 34116

Title: PD (X) Change () Addition
Name: BROOKS, LOU
Address: 428727TH COURT SW #203
City-St-Zip: NAPLES, FL 34116

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOU BROOKS

PD

04/16/2007

Electronic Signature of Signing Officer or Director

_____ Date