

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768229

**FILED**  
**Apr 03, 2014**  
**Secretary of State**  
**CC1334471091**

**Entity Name:** FAIRWAYS AT PAR FOUR CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

4140 27TH CT SW  
NAPLES, FL 34116

**Current Mailing Address:**

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

**FEI Number:** 59-2267494

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HART, STEPHEN P  
COLLIER FINANCIAL, INC  
4985 TAMIAMI TRAIL EAST  
NAPLES, FL 34113 US

*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

**Officer/Director Detail :**

Title PD  
Name BAECKER, CAROL  
Address 4166 27 CT SW 204  
City-State-Zip: NAPLES FL 34116

Title TD  
Name WALLACE, RENN  
Address 4246 27TH CT. SW #204  
City-State-Zip: NAPLES FL 34116

Title VPD  
Name DIAMANTIDES, GEORGE  
Address 4266 27TH CT SW, #203  
City-State-Zip: NAPLES FL 34116

Title SD  
Name EAMMA, LEO  
Address 4246 27TH COURT SW #201  
City-State-Zip: NAPLES FL 34116

Title D  
Name CRUDO, ROCCO  
Address 4166 27TH CT SW #203  
City-State-Zip: NAPLES FL 34116

*I hereby 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 all other like empowered.*

**SIGNATURE:** CAROL BAECKER

**PRESIDENT**

**04/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date