

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768232

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

**FILED**  
**Mar 26, 2020**  
**Secretary of State**  
**5903544281CC**

**Current Principal Place of Business:**

4140 27TH COURT SW  
NAPLES, FL 34116

**Current Mailing Address:**

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

**FEI Number:** 59-2380343

**Certificate of Status Desired:** No

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

HART, STEPHEN P  
COLLIER FIANANCIAL, INC  
4985 TAMIAMI TRAIL E  
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 SD  
Name LOMASNEY, ETHEL  
Address 4315 27TH COURT SW  
#202  
City-State-Zip: NAPLES FL 34116

Title PD  
Name ROVEDO, RINALDO  
Address 4287 27TH COURT SW  
#204  
City-State-Zip: NAPLES FL 34116

Title VPD  
Name PETERS, DAVID  
Address 4351 27TH COURT SW  
#201  
City-State-Zip: NAPLES FL 34116

Title TD  
Name HESSBERGER, RALPH  
Address 4275 27TH COURT SW  
#204  
City-State-Zip: NAPLES FL 34116

Title D  
Name CHAFFEE, PAUL  
Address 4299 27TH COURT 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:** RINALDO ROVEDO

**PRESIDENT**

**03/26/2020**

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

\_\_\_\_\_  
Date