

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758546

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: PAR ONE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4140 27TH COURT SW  
NAPLES, FL 34116 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2128716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HART, STEPHEN P  
COLLIER FINANCIAL 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: KENNEDY, JACK  
Address: 4140 27TH CT. S.W. #32102  
City-St-Zip: NAPLES, FL 34116

Title: VD ( ) Delete  
Name: FISHER, ROBERT  
Address: 4372 27TH CT SW  
City-St-Zip: NAPLES, FL 34116

Title: TD ( ) Delete  
Name: KNAPP, ROBERT  
Address: 4357 27TH CT SW #101  
City-St-Zip: NAPLES, FL 34116

Title: SD ( ) Delete  
Name: BAECKER, CAROL  
Address: 4166 27TH CT. SW #204  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: DANOS, HARRY  
Address: 4372 27TH CT. SW #301  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: BROOKS, LOU  
Address: 4287 27TH CT SW #203  
City-St-Zip: NAPLES, FL 34116

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KENNEDY, JOHN  
Address: 4140 27TH CT. S.W. #32102  
City-St-Zip: NAPLES, FL 34116

Title: D (X) Change ( ) Addition  
Name: FISHER, ROBERT  
Address: 4372 27TH CT SW  
City-St-Zip: NAPLES, FL 34116

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

Title: VPD (X) Change ( ) Addition  
Name: BAECKER, CAROL  
Address: 4166 27TH CT. SW #204  
City-St-Zip: NAPLES, FL 34116

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 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: JOHN KENNEDY

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date