2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758547

FILED Apr 17, 2007 Secretary of State

Entity Name: PAR ONE NO. 1 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4380 27TH CT SW NAPLES, FL 34116 US **Current Mailing Address: New Mailing Address:** COLLIER FINANCIAL, INC. P.O. BOX 10517 NAPLES, FL 34101 US 4985 TAMIAMI TRAIL E. NAPLES, FL 34113 FEI Number: 59-2128718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, STEPHEN P COLLÍER FINANCIAL. INC. 4985 E. TAMIAMI TRÁIL 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete FISHER, ROBERT Name: Name: 4372 27TH CT SW #209 Address: Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: Title: () Delete Title: TSD (X) Change () Addition ROMANO, JEAN Name: ROMANO, JEAN Name: Address: 4380 27TH COURT SW Address: 4380 27TH COURT SW City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34116 Title: STD () Delete Title: (X) Change () Addition NEWTON, KATHLEEN PEZZETTI, DOMINICK Name: Name: 4372 27TH CT SW, #104 Address: 4380 27TH CT SW #202 Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34116 Title: () Delete Title: VD (X) Change () Addition Name: WHITEHEAD, BENJAMIN Name: WHITEHEAD, BENJAMIN Address: 4372 27TH CT SW #103 Address: 4372 27TH CT SW #103 City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34116 Title: () Delete Title: () Change () Addition DANOS, HARRY Name: Name: 4372 27TH CT SW #301 Address: Address: City-St-Zip: NAPLES, FL 34116 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: ROBERT FISHER PD 04/17/2007