2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 768229

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

Current Principal Place of Business:

4200 27TH CT 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: 59-2267494 **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 TAMIAMI TRAIL EAST
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: BAECKER, CAROL
Address: 4166 27 CT SW 204
City-St-Zip: NAPLES, FL 34116

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

Title: VD ( ) Delete
Name: DIAMANTIDES, GEORGE
Address: 4266 27TH CT SW, #203
City-St-Zip: NAPLES, FL 34116

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: CAROL BAECKER PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date