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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03560** **(2)**

1. Corporation Name

FAIRWAYS AT PAR FIVE CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
P.O. BOX 10249 NAPLES FL 33941	P.O. BOX 10249 NAPLES FL 34101-0249

3. Date Incorporated or Qualified: 06/11/1984
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

4. FEI Number: 59-2380393 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BANTZ, THOMAS M
4985 E TAMIAMI TRAIL
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name: Stephen P. Hart
82 Street Address (P.O. Box Number is Not Acceptable): Collier Financial, Inc
83 4985 East Tamiami Trail
84 City: Naples, FL 85 Zip Code: 34113

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature] 3/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	ROLAND, MORENCY		1.2 NAME	DAN FLOWERS	
STREET ADDRESS	88 BAYVIEW AVE		1.3 STREET ADDRESS	380 E. 264th STREET	
CITY-ST-ZIP	SALEM MA		1.4 CITY-ST-ZIP	EUCLID OH.	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	COBB, ELMER, T		2.2 NAME	Bob ZURAW	
STREET ADDRESS	4251 27TH CT #103		2.3 STREET ADDRESS	25 HIGH ACRES	
CITY-ST-ZIP	NAPLES, FL 33999		2.4 CITY-ST-ZIP	ANSONIA CT	
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EATON, RITA		3.2 NAME		
STREET ADDRESS	4251 27TH CT #103		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 33999		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	PD	☐ Change ☒ Addition
NAME	CLAVELO, VICKI		4.2 NAME	JERRY BROLIN	
STREET ADDRESS	3610 21ST AVENUE SW		4.3 STREET ADDRESS	4239 27th CT. S.W #206	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	NAPLES FL	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GEORGE P. FLOWERS		5.2 NAME		
STREET ADDRESS	380 E 264TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	EUCLID OH		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 941-774-1142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #