

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33941



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25 USA	30 U.S.A.

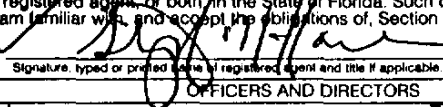
3. Date Incorporated or Qualified 06/11/1984	
4. FEI Number 59-2380393	Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent
**HARK, STEPHEN P.
COLLIER FINANCIAL, INC
4085 EAST TAMMIAN TRAIL
NAPLES FL 34113**

10. Name and Address of New Registered Agent	
81 Name STEPHEN P. HART	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City FL	85 Zip Code

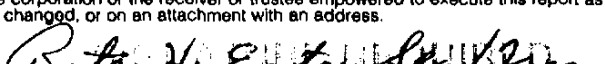
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.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

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4/17/98**

12. OFFICERS AND DIRECTORS	
TITLE	☒ DELETE
NAME	D FLOWERS, DAN
STREET ADDRESS	380 E 284TH ST
CITY-ST-ZIP	EUCUD OH
TITLE	☐ DELETE
NAME	VPD ZURAN, BOB
STREET ADDRESS	25 HIGH ACRES
CITY-ST-ZIP	ANSONIA CT
TITLE	☐ DELETE
NAME	STD EATON, RITA
STREET ADDRESS	4251 27TH CT #103
CITY-ST-ZIP	NAPLES, FL 33990
TITLE	☒ DELETE
NAME	PD BROWN, JERRY
STREET ADDRESS	4239 27 CT, SW #208
CITY-ST-ZIP	NAPLES FL
TITLE	☒ DELETE
NAME	D GEORGE P. FLOWERS
STREET ADDRESS	380 E 284TH ST
CITY-ST-ZIP	EUCUD OH
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	VPD DONALD GIULIANI
1.3 STREET ADDRESS	4251 27TH CT. S.W. #104
1.4 CITY-ST-ZIP	NAPLES FL
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	PD BOB ZURAN
2.3 STREET ADDRESS	25 HIGH ACRES
2.4 CITY-ST-ZIP	ANSONIA CT
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	D ELIZABETH BOQUIN
4.3 STREET ADDRESS	4239 27TH CT. S.W. #202
4.4 CITY-ST-ZIP	NAPLES FL
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	D ELMER T. COBB
5.3 STREET ADDRESS	163 NAUSAUKEET RD.
5.4 CITY-ST-ZIP	WARWICK RI 02886
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:  DATE **941-774-1142**

CR2E037 (10/97)