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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

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

3. Date Incorporated or Qualified: 06/11/1984

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 34101 Country 25: USA	Zip 29: 34101 Country 30: U.S.A.

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	10. Name and Address of New Registered Agent
HARK, STEPHEN P. COLLIER FINANCIAL, INC 4985 EAST TAMIAMI TRAIL NAPLES FL 34113	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: [signature] 4/17/98
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	VPD	☐ Change ☒ Addition
NAME	FLOWERS, DAN		1.2 NAME	DONALD GIULIANI	
STREET ADDRESS	380 E 264TH ST		1.3 STREET ADDRESS	4251 27th Ct. S.W. #104	
CITY-ST-ZIP	EUCLID OH		1.4 CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	ZURAN, BOB		2.2 NAME	Bob Zuran	
STREET ADDRESS	25 HIGH ACRES		2.3 STREET ADDRESS	25 High Acres	
CITY-ST-ZIP	ANSONIA CT		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	D	☐ Change ☒ Addition
NAME	BROLIN, JERRY		4.2 NAME	Elizabeth Bouquin	
STREET ADDRESS	4239 27 CT, SW #206		4.3 STREET ADDRESS	4239 27th Ct. S.W. # 202	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	NAPLES FL	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	GEORGE P. FLOWERS		5.2 NAME	ELMER T. COBB	
STREET ADDRESS	380 E 264TH ST		5.3 STREET ADDRESS	163 NAUSAUKET Rd.	
CITY-ST-ZIP	EUCLID OH		5.4 CITY-ST-ZIP	WARWICK RI 02886	
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 (10/97)

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: Rita H. Eaton, Atty/Pres. 941-774-1142
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Daytime Phone #