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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03560**

1. Corporation Name
FAIRWAYS AT PAR FIVE CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
P.O. BOX 10249 NAPLES FL 34101 US	P.O. BOX 10249 NAPLES FL 34101 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/11/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2380393 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired. ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HART, STEPHEN P.
COLLIER FINANCIAL, INC
4985 EAST TAMIAMI TRAIL
NAPLES FL 34113

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☒ DELETE	1.1 TITLE	VPD	☐ Change ☒ Addition
NAME	GIULIANI, DONALD		1.2 NAME	Daley, Bob	
STREET ADDRESS	4251 27TH COURT SW, #104		1.3 STREET ADDRESS	4251 27th Ct SW # 203	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples FL 34116	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ZURAN, BOB		2.2 NAME	Zuraw, Bob	
STREET ADDRESS	25 HIGH ACRES		2.3 STREET ADDRESS		
CITY-ST-ZIP	ANSONIA CT		2.4 CITY-ST-ZIP	06401	
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	D	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BOUQUIN, ELIZABETH		4. 2 NAME		
STREET ADDRESS	4239 27TH COURT SW, #202		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	COBB, ELMER T.		5.2 NAME	Reid, Bob	
STREET ADDRESS	163 NAUSAUKET ROAD		5.3 STREET ADDRESS	54 Club Valley Drive	
CITY-ST-ZIP	WARWICK RI 02886		5.4 CITY-ST-ZIP	E Falmouth MA 02536	
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		

CD2E037 (11/98)

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, with all other like empowered.

SIGNATURE: X Stephen P. Hart Asst. Treas. SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #