

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91347 036 ****61.25

DOCUMENT # N03560

1. Entity Name

AIRWAYS AT PAR FIVE CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

P.O. BOX 10249
 NAPLES FL 34101
 US

Mailing Address

P.O. BOX 10249
 NAPLES FL 34101
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2380393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete
 NAME **DALEY, BOB**
 STREET ADDRESS **4251 27 CT SW #203**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **ZURAW, BOB**
 STREET ADDRESS **25 HIGH ACRES**
 CITY-ST-ZIP **ANSONIA CT 06401**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TSD** ☒ Delete
 NAME **BOUQUIN, ELIZABETH**
 STREET ADDRESS **4239 27TH COURT SW #303**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **REID, BOB**
 STREET ADDRESS **54 CLUB VALLEY DR**
 CITY-ST-ZIP **E. FALMOUTH MA 02536**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COBB, ELMER**
 STREET ADDRESS **163 NAUSAUKET RD**
 CITY-ST-ZIP **WARWICK RI 02886**

TITLE **S/T/D** ☒ Change ☐ Addition
 NAME **Cobb, Elmer**
 STREET ADDRESS **163 Nausauket Rd**
 CITY-ST-ZIP **Warwick, RI 02886**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02
 Day

941-352-2511
 Daytime Phone #

CR2E037 (9/01)