2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N03560

Entity Name: FAIRWAYS AT PAR FIVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 10249
NAPLES, FL 34101 US

New Principal Place of Business:

27TH COURT SW
NAPLES, FL 34116 US

Current Mailing Address:

P.O. BOX 10249
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-2380393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	DALEY, BOB	
Address:	4251 27 CT SW #203	
City-St-Zip:	NAPLES, FL 34116	
Title:	PD	( ) Delete
Name:	ZURAW, BOB	
Address:	25 HIGH ACRES	
City-St-Zip:	ANSONIA, CT 06401	
Title:	D	( ) Delete
Name:	REID, BOB	
Address:	54 CLUB VALLEY DR	
City-St-Zip:	E. FALMOUTH, MA 02536	
Title:	STD	( ) Delete
Name:	COBB, ELMER	
Address:	163 NAUSAUKET RD	
City-St-Zip:	WARWICK, RI 02886	
Title:	D	( ) Delete
Name:	SEDEY, BRIAN	
Address:	6927 APPLETON COURT	
City-St-Zip:	MENTOR, OH 44060	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB ZURAW PD 04/26/2004

Electronic Signature of Signing Officer or Director — Date