

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03560

FILED  
Apr 15, 2005  
Secretary of State

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

**Current Principal Place of Business:**

27TH COURT SW  
NAPLES, FL 34116 US

**New Principal Place of Business:**

**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: D (X) Change ( ) Addition  
Name: ATWOOD, DONNA  
Address: 7402 WOODLOW DRIVE  
City-St-Zip: REYNOLDSBURG, OH 43068

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

04/15/2005

Electronic Signature of Signing Officer or Director

Date