2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03560

FILED Apr 16, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

27TH COURT SW NAPLES, FL 34116

US

Current Mailing Address: New Mailing Address:

COLLIER FINANCIAL, INC. P.O. BOX 10249 NAPLES, FL 34101 US 4985 TAMIAMI TRAIL E. NAPLES, FL 34113

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ROBERTS, RONALD ROBERTS, RONALD Name: Name: 4257 27 CT SW #101 Address: 4257 27 CT SW #101 Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34116

Title: PD Title: (X) Change () Addition () Delete ZURAW, BOB Name: FAZIO, CHARLES Name:

Address: 25 HIGH ACRES Address: 4245 27TH CT SW. #106 City-St-Zip: ANSONIA, CT 06401 City-St-Zip: NAPLES, FL 34116

Title: VD () Delete Title: () Change () Addition

ATWOOD, DONNA Name: Name: 7402 WOODLOW DRIVE Address: Address: City-St-Zip: REYNOLDSBURG, OH 43068 City-St-Zip:

(X) Change () Addition Title: STD Title: PD () Delete

Name: COBB, ELMER Name: COBB, ELMER Address: 163 NAUSAUKET RD Address: 163 NAUSAUKET RD City-St-Zip: WARWICK, RI 02886 City-St-Zip: WARWICK, RI 02886

Title: () Delete Title: (X) Change () Addition

O'LEARY, MARY JANE O'LEARY, MARY JANE Name: Name: 4239 27TH COURT SW 105 4239 27TH COURT SW 105 Address: Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ELMER COBB PD 04/16/2007