2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N03560

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:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 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: TD ( ) Delete
Name: ROBERTS, RONALD
Address: 4257 27 CT SW #101
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete
Name: FAZIO, CHARLES
Address: 4245 27TH CT SW, #106
City-St-Zip: NAPLES, FL 34116

Title: VD ( ) Delete
Name: ATWOOD, DONNA
Address: 7402 WOODLOW DRIVE
City-St-Zip: REYNOLDSBURG, OH 43068

Title: PD ( ) Delete
Name: COBB, ELMER
Address: 163 NAUSAUKET RD
City-St-Zip: WARWICK, RI 02886

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SEDEY, BRIAN
Address: 4251 27 CT SW #103
City-St-Zip: NAPLES, FL 34116

Title: TD (X) Change ( ) Addition
Name: FAZIO, CHARLES
Address: 4245 27TH CT SW, #106
City-St-Zip: NAPLES, FL 34116

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 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 04/28/2008

Electronic Signature of Signing Officer or Director — Date