2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03560

FAIRWAYS AT PAR FIVE CONDOMINIUM ASSOCIATION. IN



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90145 028 ****61.25

C.							110				
P.O. BOX 10249 P.O.				Mailing Address .O. BOX 10249 APLES FL 34101 S							
2. Principal P	Place of Busin	ess		ing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City	City & State				4. FEI Number 59-2380393 Applied For Not Applicable			
Zip Country			Zip	,	Соц	Country		5. Certificate of Stat	us Desired	\$8.75 Add	ditional
	6. Name	and Address of Current	Registere	d Agent	-			7. Name and Addre	ss of New Registered		
			en distance	rangia raprii riday or zi.	₽: <u>-</u> =-	-Name*	·	era (proprieda)	mana masa i		
HART, STEPHEN P. COLLIER FINANCIAL, INC						Street Address (P.O. Box Number is Not Acceptable)					
4985 EAST TAMIAMI TRAIL NAPLES FL 34113					City				Zip Code		
						City			FI	L Zip cou	
SIGNATURE .		or printed name of registered agent: : FEE IS \$61.25	and title if appl	9, Election Cam	npaign F	inancing	ure required	when reinstating) \$5.00 May Be Added to Fees	Make Chec	ck Payable	
								Added to Fees	riorida Depa		otate
10.	Limo	OFFICERS AND DI	RECTORS		11.			ADDITIONS/CHANGES	TO OFFICERS AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DALEY, BO 4251 27 C NAPLES F	T SW #203		☐ Delete						☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY_ST-ZIP	PD ZURAW, B 25 HIGH A ANSONIA			☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, BOB 54 CLUB \			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COBB, ELI 163 NAUS WARWICK	MER AUKET RD		□ Delete ·						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			D as	Sedey, Brig 6927 Applet Mentor, OH	an fon Court	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition

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:

3-27-03

239.352-7050