

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712930 (7)
1. Corporation Name
THE FAIRWAYS APARTMENTS, INC.



Principal Place of Business: 400-500 N E 14TH AVE HALLANDALE FL 33009
Mailing Address: 400-500 N E 14TH AVE HALLANDALE FL 33009

3. Date Incorporated or Qualified: 06/13/1967
3a. Date of Last Report: 02/15/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1222634	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Country	29	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCKEE, SUPERINTENDENT 500 N.E. 14TH AVE. APT 111 HALLANDALE FL 33009				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when running) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE ROSA, JOYCE F.	1.2 NAME	Gloria Moison Apt. 406
STREET ADDRESS	400 NE 14TH AVE #316	1.3 STREET ADDRESS	500 N. E. 14th Avenue
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	Hallandale, Fla. 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADAUSS, HELEN	2.2 NAME	Donald Hamilton # 220
STREET ADDRESS	400 NE 14TH AVE #319	2.3 STREET ADDRESS	400 N. E. 14th Avenue
CITY-ST-ZIP	HALLANDALE, FL 00000	2.4 CITY-ST-ZIP	Hallandale, Fla. 33009
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, DONALD	3.2 NAME	
STREET ADDRESS	400 NE 14TH AVE #220	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMER, ANNE	4.2 NAME	
STREET ADDRESS	500 NE 14TH AVE #502	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAU, HARRIET	5.2 NAME	
STREET ADDRESS	400 NE 14TH AVE #315	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROMSTEIN, HARRIET	6.2 NAME	
STREET ADDRESS	400 NE 14TH AVE #218	6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joyce De Rosa Pres. 3-12-96 858-6247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)