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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 712930

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/13/1967

4. FEI Number

59-1222634

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MCKEE, SUPERINTENDENT
 500 N.E. 14TH AVE.
 APT 111
 HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE P
 NAME DE ROSA, JOYCE F.
 STREET ADDRESS 400 NE 14TH AVE #316
 CITY-ST-ZIP HALLANDALE FL

TITLE VP
 NAME MADAUSS, HELEN
 STREET ADDRESS 400 NE 14TH AVE #319
 CITY-ST-ZIP HALLANDALE, FL 00000

TITLE D
 NAME HAMILTON, DONALD
 STREET ADDRESS 400 NE 14TH AVE APT 220
 CITY-ST-ZIP HALLANDALE FL

TITLE T
 NAME TIMMER, ANNE
 STREET ADDRESS 500 NE 14TH AVE #502
 CITY-ST-ZIP HALLANDALE, FL 00000

TITLE D
 NAME CANTWELL, THOMAS
 STREET ADDRESS 400 NE 14TH AVE, #115
 CITY-ST-ZIP HALLANDALE, FL 00000

TITLE S
 NAME MOISON, GLORIA
 STREET ADDRESS 500 NE 14TH AVE APT 406
 CITY-ST-ZIP HALLANDALE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT Change Addition
 1.2 NAME Thomas P. Cantwell
 1.3 STREET ADDRESS 400 NE 14th Ave. #115
 1.4 CITY-ST-ZIP Hallandale, Fl. 33009

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE S Change Addition
 3.2 NAME Michel Marcotte
 3.3 STREET ADDRESS 500 NE 14th Ave. #408
 3.4 CITY-ST-ZIP Hallandale, Fl. 33009

4.1 TITLE D Change Addition
 4.2 NAME Leonard Strauss
 4.3 STREET ADDRESS 400 NE 14th Ave. #421
 4.4 CITY-ST-ZIP Hallandale, Fl. 33009

5.1 TITLE D Change Addition
 5.2 NAME Eveline LaMarre
 5.3 STREET ADDRESS 500 NE 14th Ave. #509
 5.4 CITY-ST-ZIP Hallandale, Fl. 33009

6.1 TITLE D Change Addition
 6.2 NAME Gerald Bayer
 6.3 STREET ADDRESS 500 NE 14th Ave. #404
 6.4 CITY-ST-ZIP Hallandale, Fl. 33009

14. 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 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, with all other like empowered.

SIGNATURE: *Thomas P. Cantwell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99 (954) 456-7921
 Date Daytime Phone #

CR2E037 (11/98)