


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90038 031 ****61.25

DOCUMENT # 712930					
1. Entity 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 - No P.O. Box #		3. Mailing Address		01232007 Chg-NP CRZE037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1222634	Applied For Not Applicable
6. Name and Address of Current Registered Agent MCKEE, ROBERT 500 N.E. 14TH AVE. APT 111 HALLANDALE, FL 33009				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD, COLIN			NAME	Leonard Strauss
STREET ADDRESS	500 NE 14TH AVE			STREET ADDRESS	400 N. E. 14 th Ave
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	Hallandale, FL 33009
TITLE	VP	<input type="checkbox"/> Delete		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAVE, CLAYTON			NAME	Jean Pierre Pepin
STREET ADDRESS	4001 NE 14TH AVE			STREET ADDRESS	300 N. E. 14 th Ave
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	Hallandale, FL 33009
TITLE	DT	<input type="checkbox"/> Delete		TITLE	
NAME	MENARD, GASTON			NAME	
STREET ADDRESS	500 NE 14TH AVE			STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	
NAME	CERABONE, LINDA			NAME	
STREET ADDRESS	500 NE 14TH AVE.			STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	LAMARRE, EVELINE			NAME	
STREET ADDRESS	500 NE 14TH AVE.			STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	
NAME	SLAN, HARRY			NAME	
STREET ADDRESS	400 NE 14TH AVE #223			STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Linda Cerabone</i> Linda Cerabone 1-23-07 954-458-9416					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Day/One Phone #</small>					