

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 712930

Entity Name: THE FAIRWAYS APARTMENTS, INC.

Current Principal Place of Business:

400-500 N E 14TH AVE
HALLANDALE, FL 33009

New Principal Place of Business:

400-500 N E 14TH AVE
APT. 513
HALLANDALE, FL 33009

Current Mailing Address:

400-500 N E 14TH AVE
HALLANDALE, FL 33009

New Mailing Address:

400-500 N E 14TH AVE
APT. 513
HALLANDALE, FL 33009

FEI Number: 59-1222634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, COLIN
400 NE 14TH AVE
HALLANDALE, FL 33009 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: PD () Delete
Name: EDWARD, COLIN
Address: 500 NE 14TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: VP () Delete
Name: BAVE, CLAYTON
Address: 4001 NE 14TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: DT () Delete
Name: MENARD, GASTON
Address: 500 NE 14TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: TD () Delete
Name: CERABONE, LINDA
Address: 500 NE 14TH AVE.
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: PEPIN, JEAN PIERRE
Address: 500 NE 14TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: SD () Delete
Name: SLAN, HARRY
Address: 400 NE 14TH AVE #223
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BAYE, CLAYTON
Address: 400 NE 14TH AVE
City-St-Zip: HALLANDALE, FL 33009

Title: DT (X) Change () Addition
Name: MENARD, GASTON
Address: 400 NE 14TH AVE
City-St-Zip: HALLANDALE, FL 33009

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: LINDA CERABONE

DT

01/06/2009

Electronic Signature of Signing Officer or Director

Date