

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

3/1

03-13-2003 90085 004 ***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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1222634**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARCOTTE, MICHEAL	
STREET ADDRESS	500 NE 14TH AVE #408	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KEISER, PATRICIA	
STREET ADDRESS	500 NE 14TH AVENUE #209	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROCHOM, JEAN	
STREET ADDRESS	500 NE 14TH AVE #502	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	CERABONE, LINDA	
STREET ADDRESS	500 NE 14TH AVE #207	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOIVERT, PIERCE	
STREET ADDRESS	500 NE 14TH AVE #407	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input type="checkbox"/> Delete
NAME	SLAN, HARRY	
STREET ADDRESS	400 NE 14TH AVE #223	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michel Frappier D	
STREET ADDRESS	500 N.E. 14th Ave	
CITY-ST-ZIP	Hallandale FL 33009	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leonard Strauss D	
STREET ADDRESS	500 N.E. 14th Ave	
CITY-ST-ZIP	Hallandale Fl. 33009	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaston Menard DT	
STREET ADDRESS	500 N.E. 14th Ave	
CITY-ST-ZIP	Hallandale FL 33009	
TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Cerabone D	
STREET ADDRESS	500 N.E. 14th Ave	
CITY-ST-ZIP	Hallandale Fl. 33009	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nary Slan D	
STREET ADDRESS	500 N.E. 14th Ave	
CITY-ST-ZIP	Hallandale Fl. 33009	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evelyn Lamayre D	
STREET ADDRESS	500 N.E. 14th Ave	
CITY-ST-ZIP	Hallandale Fl. 33009	

CFR2007 (10/02)

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: *Linda Cerabone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-2-03 954-458-2416
Daytime Phone #