

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 712942

1. Corporation Name

THE FAIRWAYS SOUTH, INC.

Principal Place of Business

300 N E 14 AVE
HALLANDALE FL 33009

Mailing Address

300 N E 14 AVE
HALLANDALE FL 33009

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90012 036 ****70.00



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/15/1967

4. FEI Number

59-1236701

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

FERRANTE, SAL
300 NE 14TH AVE.
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

TITLE VP ☒ DELETE
NAME MORNEAU, VICKIE
STREET ADDRESS 300 NE 14 AVE
CITY-ST-ZIP HALLANDALE FL

TITLE P ☐ DELETE
NAME FERRANTE, SAL
STREET ADDRESS 200 NE 14 AVE
CITY-ST-ZIP HALLANDALE FL

TITLE T ☒ DELETE
NAME BOISVERT, PIERRE
STREET ADDRESS 200 NE 14 AVE
CITY-ST-ZIP HALLANDALE FL

TITLE S-T ☐ DELETE
NAME BIGAQUETTE, ANTHONY
STREET ADDRESS 300 NE 14 AVE
CITY-ST-ZIP HALLANDALE FL

TITLE D ☐ DELETE
NAME GAUDREAU, GILLES
STREET ADDRESS 300 NE 14 AVE
CITY-ST-ZIP HALLANDALE FL

TITLE D ☐ DELETE
NAME NUSSBAUM, S.
STREET ADDRESS 200 NE 14 AVE
CITY-ST-ZIP HALLANDALE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☐ Addition
1.2 NAME FERRANTE SALVATORE
1.3 STREET ADDRESS 200 NE 14 AVE
1.4 CITY-ST-ZIP HALLANDALE FL

2.1 TITLE VP & C-T ☐ Change ☐ Addition
2.2 NAME NUSSBAUM SIEGFRIED
2.3 STREET ADDRESS 200 NE 14 AVE
2.4 CITY-ST-ZIP HALLANDALE FL

3.1 TITLE S & C-T ☐ Change ☐ Addition
3.2 NAME BIGAQUETTE ANTHONY
3.3 STREET ADDRESS 300 NE 14 AVE
3.4 CITY-ST-ZIP HALLANDALE FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME ELINOR CULLEN
4.3 STREET ADDRESS 200 NE 14 AVE
4.4 CITY-ST-ZIP HALLANDALE FL

5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME GAUDREAU GILLES
5.3 STREET ADDRESS 300 NE 14 AVE
5.4 CITY-ST-ZIP HALLANDALE FL

6.1 TITLE D ☒ Change ☒ Addition
6.2 NAME KRASNER JACK LAMARCHE DONALD
6.3 STREET ADDRESS 300 NE 14 AVE
6.4 CITY-ST-ZIP HALLANDALE FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

954

458-0707

CR2E037 (1/98)