

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90436 023 \*\*\*\*61.25

**DOCUMENT # 712942**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number  
59-1236701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRANTE, SAL  
300 NE 14TH AVE.  
HALLANDALE FL 33009

Name **CIRO COSTABILE**

Street Address (P.O. Box Number is Not Acceptable)  
**200 N E 14 AVE # 323**

City **HALLANDALE**

**FL**

Zip Code  
**33009**

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.

\* **Ciro Costabile Pres.**

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

(NOTE: Registered Agent signature required when reinstating)

**4/22/04**

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 **D** ☐ Delete  
NAME **COSTA, CARLO**  
STREET ADDRESS **300 NE 14 AVE**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **P** ☒ Delete  
NAME **FERRANTE, SAL**  
STREET ADDRESS **200 NE 14 AVE**  
CITY-ST-ZIP **HALLANDALE FL**

TITLE **VPT** ☐ Delete  
NAME **BIGAQUETTE, ANTHONY**  
STREET ADDRESS **300 NE 14 AVE**  
CITY-ST-ZIP **HALLANDALE FL**

TITLE **D** ☐ Delete  
NAME **GAGNON, L**  
STREET ADDRESS **300 NE 14 AVE**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☐ Delete  
NAME **LIPOMI, LOUIS**  
STREET ADDRESS **300 14 AVENUE**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☒ Delete  
NAME **PARRAG, STEVE**  
STREET ADDRESS **200 14 AVENUE**  
CITY-ST-ZIP **HALLANDALE FL 33009**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **MICHAEL - ROUSSEAU**  
STREET ADDRESS **300 NE 14 AVENUE**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **T** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **MARCEL BOIVIN**  
STREET ADDRESS **200 NE 14 AVENUE**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **P** ☐ Change ☒ Addition  
NAME **CIRO COSTABILE**  
STREET ADDRESS **200 NE 14 AVENUE**  
CITY-ST-ZIP **HALLANDALE, FL 33009**

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: **Ciro Costabile Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #