## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#712942**

FILED Mar 19, 2009 Secretary of State

Entity Name: THE FAIRWAYS SOUTH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 200-300 N E 14 AVE HALLANDALE, FL 33009 **Current Mailing Address: New Mailing Address:** 200-300 N E 14 AVE HALLANDALE, FL 33009 FEI Number: 59-1236701 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAPALME, MICHEL PRES 300 NE 14 AVENUE #301 HALLANDALE BEACH, FL 33009 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PRES () Delete () Change () Addition LAPALME, MICHEL Name: Name: 300 NE 14 AVE #301 Address: Address: City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BARAKATT, MICHEL Name: PRINCE, GLORIA Name: Address: 300 NE 14 AVENUE #404 Address: 200 NE 14 AVENUE #314 City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: HALLANDALE BEACH, FL 33009 Title: () Delete Title: () Change () Addition BIGAOUETTE, ANTHONY Name: Name: 300 NE 14 AVE #411 Address: Address: City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: GAGNON, LISE Name: Address: 300 NE 14 AVE #405 Address: City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LIDONI, LOUIS LIPOMI, LOUIS Name: Name: 300 NE 14 AVENUE # 502 300 NE 14 AVENUE # 502 Address: Address: HALLANDALE BEACH, FL 33009 City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CASTILLOUX, MICHEL CASTILLOUX, MICHEL Name: Name: Address: 200 NE 14 AVENUE #414 Address: 200 NE 14 AVENUE #414 HALLANDALE, FL 33009 HALLANDALE, FL 33009 City-St-Zip: 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: MICHEL LAPALME PRES 03/19/2009