FILED

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

Jul 16, 2003 8:00 am **Secretary of State DOCUMENT # 712942** 07-16-2003 90044 016 ****61.25 THE FAIRWAYS SOUTH, INC. Principal Place of Business Mailing Address 300 N E 14 AVE 300 N E 14 AVE HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1236701 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRANTE, SAL Street Address (P.O. Box Number is Not Acceptable) 300 NE 14TH AVE. HALLANDALE FL 33009 City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be After September 10, 2003, min will be \$236,25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11: **Addition** TITLE TITLE Delete Delete ☐ Change SIEGFRIED, NUSSBAWM CARLO COSTA NAME NAME 200 NE 14 AVE 300 NE 14 AUGNUG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE FL CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition FERRANTE, SAL NAME NAME 200 NE 14 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE FL CITY-ST-ZIP **VPCT** TITLE ☐ Delete TITLE Addition X Change **BIGAQUETTE. ANTHONY** NAME 300 NE 14 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GAGNON, L NAME NAME STREET ADDRESS 300 NE 14 AVE STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LIPOMI, LOUIS NAME NAME STREET ADDRESS **300 14 AVENUE** STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition PARRAG, STEVE NAME NAME STREET ADDRESS **200 14 AVENUE** STREET ADDRESS CITY-ST-7IP HALLANDALE FL 33009 CITY-ST-ZIP

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

SIGNATURE:

changed, or on an attachment with

an address, with all other like empowered

7-11-03 9544180707