

SECURITY NOTICE: INFORMATION WILL BE DISCLOSED ON AN AFTER AUGUST 1, 1995. ANYONE WHO HAS OR BEFORE ABOVE: STATE OF FLORIDA, DEPARTMENT OF REVENUE, TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morvann
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -6 AM 8:37

DOCUMENT # 719056 (4)

1. Corporation Name
FAIRWAYS RIVIERA NORTH ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
400 DIPLOMAT PKWY HALLANDALE FL 33009 400 DIPLOMAT PKWY HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/25/1970 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1314609 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 400 DIPLOMAT PARKWAY 26 SAME
22 State Apt # etc. 27 State Apt # etc.
23 HALLANDALE 28 FL
24 33009 25 BROADWAY 29 33009 30 BROADWAY

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Expenses Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status FILING FEE IS \$61.25
8. This corporation has liability for incorporation tax under s. 100.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GARY A. POLIAKOFF, PRESIDENT
BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
81 Name SOL WEINER
82 Street Address (P.O. Box Number is Not Acceptable) 400 DIPLOMAT PARKWAY
83
84 City HALLANDALE FL 85 Zip Code 33009

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 SOL WEINER *Sol Weiner* 6/7/95
Signature (typed or printed name of registered agent and title) Registered Agent signature required when remaining DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	ARMINAS, JOSEPHINE D. SEC.
STREET ADDRESS	400 DIPLOMAT PKWY
CITY, ST, ZIP	HALLANDALE FL HALLANDALE FL 33009
TITLE	SD
NAME	GRAYSON, MEL
STREET ADDRESS	400 DIPLOMAT PKWY
CITY, ST, ZIP	HALLANDALE, FL 00000
TITLE	P
NAME	WEINER, SOL D. PRES.
STREET ADDRESS	400 DIPLOMAT PKWY 400 DIPLOMAT PARKWAY
CITY, ST, ZIP	HALLANDALE, FL 00000 HALLANDALE FL 33009
TITLE	VP
NAME	DUKKER, JULES D. V.P.
STREET ADDRESS	400 DIPLOMAT PKWY 400 DIPLOMAT PARKWAY
CITY, ST, ZIP	HALLANDALE, FL 00000 HALLANDALE FL 33009
TITLE	
NAME	SCHWARTZ, WILLIAM
STREET ADDRESS	400 DIPLOMAT PKWY
CITY, ST, ZIP	HALLANDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BID WECHSLER	
13 STREET ADDRESS	TREAS.	
14 CITY, ST, ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MURRAY RUBIN	
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	FRED COOLIDGE	
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	ALKALLENDER	
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information required with this filing is voluntarily furnished and given not only for the requirements stated in Section 110.07(1)(a) Florida Statutes, but also that the information included on this annual report or supplemental annual report is true and accurate and that my resignation shall have the same legal effect as if it were made with 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 or changed or no an attachment with an address.

SIGNATURE: SOL WEINER *Sol Weiner* 6/7/95 456 8136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE FILING FEE

CR2E037 (3/95)