

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 719056 (4)

1. Corporation Name

FAIRWAYS RIVIERA NORTH ASSOCIATION, INC.



Principal Place of Business

Mailing Address

400 DIPLOMAT PARKWAY  
HALLANDALE FL 33009  
US

400 DIPLOMAT PKWY  
HALLANDALE FL 33009

3. Date Incorporated or Qualified  
02/25/1970

3a. Date of Last Report  
07/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1314609

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINER, SOL  
4000 DIPLOMAT PARKWAY  
HALLANDALE FL 33009

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

*Sol Weiner*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WECHSLER, SID	
STREET ADDRESS	400 DIPLOMAT PKWY	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	<del>MR</del> <sup>T</sup> RUBIN, MURRAY	<input type="checkbox"/> DELETE
NAME	<del>MURRAY, RUBIN</del> RUBIN, MURRAY	
STREET ADDRESS	400 DIPLOMAT PKWY	
CITY-ST-ZIP	HALLANDALE, FL <del>00000</del> 33009	
TITLE	<del>MR</del> <sup>D</sup> COLLIDGE, FRED	<input type="checkbox"/> DELETE
NAME	COLLIDGE, FRED	
STREET ADDRESS	400 DIPLOMAT PKWY	
CITY-ST-ZIP	HALLANDALE, FL <del>00000</del> 33009	
TITLE	<del>MR</del> <sup>D</sup> KALLENDER, ALBERT	<input type="checkbox"/> DELETE
NAME	<del>ALKALLENDER</del> KALLENDER, ALBERT	
STREET ADDRESS	400 DIPLOMAT PKWY	
CITY-ST-ZIP	HALLANDALE, FL <del>00000</del> 33009	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, WILLIAM	
STREET ADDRESS	400 DIPLOMAT PKWY	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	<del>MR</del> <sup>D</sup> WEINER, SOL	<input type="checkbox"/> DELETE
NAME	WEINER, SOL	
STREET ADDRESS	400 DIPLOMAT PKWY	
CITY-ST-ZIP	HALLANDALE, FL 33009	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	DUKKER, JULES
1.4 CITY-ST-ZIP	400 DIPLOMAT PKWAY HALLANDALE, FL. 33009
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	ARMINAS, JOSEPHINE
2.4 CITY-ST-ZIP	400 DIPLOMAT PKWAY HALLANDALE, FL. 33009
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	GOLDSTEIN, MARCIA
3.4 CITY-ST-ZIP	400 DIPLOMAT PKWAY. HALLANDALE, FL. 33009
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Sol Weiner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 305-456-7601  
Date Daytime Phone #

CR2E037 (12/95)