


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90039 046 \*\*\*\*61.25

**DOCUMENT # 719056**

1. Entity Name  
**FAIRWAYS RIVIERA NORTH ASSOCIATION, INC.**



Principal Place of Business  
**400 DIPLOMAT PARKWAY  
 HALLANDALE, FL 33009 US**

Mailing Address  
**400 DIPLOMAT PKWY  
 HALLANDALE, FL 33009**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01102004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1314609**

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	
<b>DEL PERCIO, NAN</b> <b>400 DIPLOMAT PARKWAY</b> <b>HALLANDALE, FL 33009</b>		Name Street Address (P.O. Box Number is Not Acceptable) City, <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME GORDON, GORDON	<input type="checkbox"/> Delete	TITLE NAME D. Gerald <del>Rosen</del> Feldman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 400 DIPLOMAT PARKWAY		STREET ADDRESS 400 DIPLOMAT PKWY.	
CITY-ST-ZIP HALLANDALE, FL		CITY-ST-ZIP HALLANDALE, FL 33009	
TITLE NAME KRASNOW, GAIL	<input type="checkbox"/> Delete	TITLE NAME D. SHELDON MORRIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 400 DIPLOMAT PARKWAY		STREET ADDRESS 400 DIPLOMAT PKWY.	
CITY-ST-ZIP HALLANDALE, FL		CITY-ST-ZIP HALLANDALE FL 33009	
TITLE NAME KAPLAN, PEARL	<input checked="" type="checkbox"/> Delete	TITLE NAME D. OTILIA POP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 400 DIPLOMAT PARKWAY		STREET ADDRESS 400 DIPLOMAT PKWY.	
CITY-ST-ZIP HALLANDALE, FL 33009		CITY-ST-ZIP HALLANDALE FL 33009	
TITLE NAME DEL PERCIO, NAN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 400 DIPLOMAT PARKWAY		STREET ADDRESS	
CITY-ST-ZIP HALLANDALE, FL		CITY-ST-ZIP	
TITLE NAME OPPER, LEON	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 400 DIPLOMAT PARKWAY		STREET ADDRESS	
CITY-ST-ZIP HALLANDALE, FL		CITY-ST-ZIP	
TITLE NAME BEREZ, PEARL	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 400 DIPLOMAT PARKWAY		STREET ADDRESS	
CITY-ST-ZIP HALLANDALE, FL		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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Gail Krasnow* **GAIL KRASNOW, Treasurer** 1-15-04 954 450 4066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #