

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90036 024 ****61.25

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DOCUMENT # 719056				1. Entity Name FAIRWAYS RIVIERA NORTH ASSOCIATION, INC.		2. Principal Place of Business 400 DIPLOMAT PARKWAY HALLANDALE, FL 33009 US		3. Mailing Address 400 DIPLOMAT PKWY HALLANDALE, FL 33009			
2. Principal Place of Business				3. Mailing Address				4. FEI Number 59-1314609		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State				City & State				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
DEL PERCIO, NAN 400 DIPLOMAT PARKWAY HALLANDALE, FL 33009						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City					
						State FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>											
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$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	S	<input type="checkbox"/> Delete				TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	GORDON, GORDON					NAME	BAEIER, BARBARA				
STREET ADDRESS	400 DIPLOMAT PARKWAY					STREET ADDRESS	400 DIPLOMAT PKWY.				
CITY-ST-ZIP	HALLANDALE, FL					CITY-ST-ZIP	HALLANDALE, FL				
TITLE	T	<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KRASNOW, GAIL					NAME					
STREET ADDRESS	400 DIPLOMAT PARKWAY					STREET ADDRESS					
CITY-ST-ZIP	HALLANDALE, FL					CITY-ST-ZIP					
TITLE	D	<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FELDMAN, GERALD					NAME					
STREET ADDRESS	400 DIPLOMAT PKWY.					STREET ADDRESS					
CITY-ST-ZIP	HALLANDALE, FL 33009					CITY-ST-ZIP					
TITLE	PD	<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DEL PERCIO, NAN					NAME					
STREET ADDRESS	400 DIPLOMAT PARKWAY					STREET ADDRESS					
CITY-ST-ZIP	HALLANDALE, FL					CITY-ST-ZIP					
TITLE	D	<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	OPPER, LEON					NAME					
STREET ADDRESS	400 DIPLOMAT PARKWAY					STREET ADDRESS					
CITY-ST-ZIP	HALLANDALE, FL					CITY-ST-ZIP					
TITLE	D	<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	OTILIN, POP					NAME					
STREET ADDRESS	400 DIPLOMAT PARKWAY					STREET ADDRESS					
CITY-ST-ZIP	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 changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: <i>Gail Krasnow</i>						Treasurer <i>3-22-05</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date <i>3-22-05</i> 954 Daytime Phone # <i>458 4066</i>					