2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2008 8:00 am Secretary of State

DOCUMENT # 719056 1. Entity Name FAIRWAYS RIVIERA NORTH ASSOCIATION, INC.				01-11-2008 90069 038 ****61.25			
400 DIPLOMAT PARKWAY 400 DIPLO		Mailing Address 400 DIPLOMAT PKWY HALLANDALE, FL 33009	PLOMAT PKWY		Yaa.		
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address		1 1 1 1 1 1 1 1 1 1		IIAN DIEN BIAN DIEN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008 Chg-	NP CR2E	037 (12/06)	
City & State		City & State		4. FEI Number 59-1314609			pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Statu	s Desired	\$8.75 Add	litional
	6. Name and Address of Current Re	egistered Agent		7. Name and Addres	s of New Registered		
			Name LEON OPPER				
ARMINAS, HENRY 400 DIPLOMAT PARKWAY			Street Address (P.O. Box Number is Not Acceptable) 400 D(PLOM HT PARKWAY				
#607 HALLANDALE, FL 33009			# 403	IPLOMITE!	PHIA	<u>01+7 </u>	
, , , <u>, , , , , , , , , , , , , , , , </u>			HALLANDALE BEACH FL 33009				
8. The above	named entity submits this statement for t	he purpose of changing its re	egistered office or regist	ered agent, or both, in the	State of Florida. I ar	. –	- /
the obligat	ions of registered agents. Signature, typed or printed hame diregistered agent and	LEON MOTE	J OPPER Registered Agent signature requir	and when (algetration)	DATE	1-8-	08
Filing Fee is \$61.25 Due by May 1, 2008 Signature, typed or printed flame of registered agent and title if applicable. (NOTE: R 9. Election Campa Trust Fund Cor			aign Financing \$5.00 May Be Make check payable to				
	•			\$5.00 May Be			
10,	Due by May 1, 2008	Trust Fund Co		\$5.00 May Be	Florida Dep	artment of SI	tate
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRE T FELDMAN, GERALD 400 DIPLOMAT PKWY.	Trust Fund Co	11. TITLE D. HAME STREEL ADDRESS (1/0)	\$5.00 May Be Added to Fees ADDITIONS/CHANGES EN RY ARM DIPLOME	Florida Dep. TO OFFICERS AND I INAS PKWY	ortment of SI	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008 OFFICERS AND DIRE T FELDMAN, GERALD 400 DIPLOMAT PKWY. HALLANDALE, FL 33009	Trust Fund Co	11. TITLE J. NAME H STREET ADDRESS 40 CITY-ST-ZIP HA	\$5.00 May Be Added to Fees ADDITIONS/CHANGES ENRY ARM DIPLOM LLL ANDALE	Florida Dep. TO OFFICERS AND I INAS PKWY FL	artment of SI DIRECTORS IN Change	l 10 ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2008 OFFICERS AND DIRE T FELDMAN, GERALD 400 DIPLOMAT PKWY. HALLANDALE, FL 33009 D OPPER, LEON	Trust Fund Co	Intribution. I1. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME ADDRESS GORNAME	\$5.00 May Be Added to Fees ADDITIONS/CHANGES ENRY ARM DIPLOME ALL ANDALE	FL Florida Dep. TO OFFICERS AND I INAS PKWY FL 3RDIN	ortment of SI	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2008 OFFICERS AND DIRE T FELDMAN, GERALD 400 DIPLOMAT PKWY. HALLANDALE, FL 33009 D	Trust Fund Co	Intribution. ITILE NAME STREET ADDRESS CITY-ST-ZIP HA NAME NAME STREET ADDRESS 40 CITY-ST-ZIP HA A CITY-ST-ZIP HA CITY-ST-ZIP NAME NAME STREET ADDRESS 40	\$5.00 May Be Added to Fees ADDITIONS/CHANGES ENRY ARM O DIPLOME ALL ANDALE; CODIPLOMA	FLOORING PRUY	artment of SI DIRECTORS IN Change	tate I 10 ☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIRE T FELDMAN, GERALD 400 DIPLOMAT PKWY. HALLANDALE, FL 33009 D OPPER, LEON 400 DIPLOMAT PARKWAY HALLANDALE, FL P.D OPPER, LEON	Trust Fund Co CTORS	Intribution. I11. IIILE NAME STREET ADDRESS CITY-SI-ZIP HA STREET ADDRESS CITY-SI-ZIP HA IIILE D IIILE D IIILE D IIILE D	\$5.00 May Be Added to Fees ADDITIONS/CHANGES ENRY ARM O DIPLOMI ALL ANDALE; CONDITIONS CONDITIONS/CHANGES	Florida Dep. TO OFFICERS AND I I NAS AT PKWY FL SROON T PKWY I FL	artment of SI DIRECTORS IN Change	l 10 ☐ Addition
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Intereory certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

IR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-05

954 454 2124