
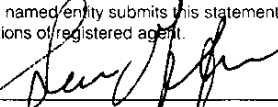
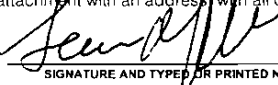


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

01-11-2008 90069 038 \*\*\*\*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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01082008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1314609	
				Applied For Not Applicable	
				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>ARMINAS, HENRY 400 DIPLOMAT-PARKWAY #607 HALLANDALE, FL 33009</del>			Name <b>LEON OPPER</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 DIPLOMAT PARKWAY # 403</b> City <b>HALLANDALE BEACH FL</b> Zip Code <b>33009</b>		
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: 		LEON OPPER		DATE: 1-8-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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	T	<input checked="" type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, GERALD		NAME	HENRY ARMINAS	
STREET ADDRESS	400 DIPLOMAT PKWY.		STREET ADDRESS	400 DIPLOMAT PKWY	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPER, LEON		NAME	GORDON B GORDON	
STREET ADDRESS	400 DIPLOMAT PARKWAY		STREET ADDRESS	400 DIPLOMAT PKWY.	
CITY-ST-ZIP	HALLANDALE, FL		CITY-ST-ZIP	HALLANDALE, FL	
TITLE	P.D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPER, LEON		NAME	NORMAN SCHNEE	
STREET ADDRESS	400 DIPLOMAT PARKWAY		STREET ADDRESS	400 DIPLOMAT PKWY.	
CITY-ST-ZIP	HALLANDALE, FL		CITY-ST-ZIP	HALLANDALE, FL	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAN SERWATKA		NAME		
STREET ADDRESS	400 DIPLOMAT PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAIL KRASNOW		NAME		
STREET ADDRESS	400 DIPLOMAT PKWY.		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELA GOLDMAN		NAME		
STREET ADDRESS	400 DIPLOMAT PKWY.		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 exemptions contained in Chapter 119, 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: 		1-8-08		9544542124	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	