

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719056

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: FAIRWAYS RIVIERA NORTH ASSOCIATION, INC.

**Current Principal Place of Business:**

400 DIPLOMAT PARKWAY  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 DIPLOMAT PKWY  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 59-1314609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OPPER, LEON  
400 DIPLOMAT PARKWAY  
403  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ARMINAS, HENRY  
Address: 400 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE, FL

Title: D ( ) Delete  
Name: GORDON, GORDON B  
Address: 400 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE, FL

Title: PD ( ) Delete  
Name: OPFER, LEON  
Address: 400 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE, FL

Title: VPD ( ) Delete  
Name: SERWATKA, STAN  
Address: 400 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE, FL

Title: TD ( ) Delete  
Name: KRASNOW, GAIL  
Address: 400 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE, FL

Title: SD ( ) Delete  
Name: GOLDMAN, SHIELA  
Address: 400 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FORD, CATHY  
Address: 400 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: SCHNEE, NORMAN  
Address: 400 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL KRASNOW

TD

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date