

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719056

FILED  
Feb 15, 2011  
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:**

400 DIPLOMAT PARKWAY  
HALLANDALE BEACH, FL 33009 US

**Current Mailing Address:**

400 DIPLOMAT PKWY  
#408  
HALLANDALE, FL 33009

**New Mailing Address:**

400 DIPLOMAT PKWY  
#408  
HALLANDALE BEACH, FL 33009

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:**

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

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:

02/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FORD, CATHY  
Address: 400 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: S  
Name: GORDON, GORDON B  
Address: 400 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: PD  
Name: OPFER, LEON  
Address: 400 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VPD  
Name: SCHNEE, NORMAN  
Address: 400 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: TD  
Name: KRASNOW, GAIL  
Address: 400 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D  
Name: SERWATKA, STAN  
Address: 400 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby 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 all other like empowered.

SIGNATURE: GAIL KRASNOW

TD

02/15/2011

Electronic Signature of Signing Officer or Director

Date