

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726927 (7)

1. Corporation Name  
**TAMARAC FAIRWAYS ASSOCIATION, INC.**



Principal Place of Business: 8205 NW 61ST, B-108, TAMARAC FL 33321, US  
Mailing Address: 8205 NW 61ST, B-108, TAMARAC FL 33321, US

3. Date Incorporated or Qualified: 07/10/1973  
3a. Date of Last Report: 09/25/1995

2. Principal Place of Business: 21 8205 NW 61ST, 22 B 108, 23 TAMARAC, 24 33321, 25 BROWARD  
2a. Mailing Address: 26 8205 NW 61ST, 27 B 108, 28 TAMARAC FL, 29 33321, 30 BROWARD

4. FEI Number: 59-1671402  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: SMITH, SYDNEY, 8405 N. W. 61ST - D210, TAMARAC FL 33321

10. Name and Address of New Registered Agent: 81 Name: ROBERT SANDERS, 82 Street Address: 8405 NW 61ST, 83, 84 City: TAMARAC, FL, 85 Zip Code: 33321

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: Robert Sanders, DATE: 1/19/96

12. OFFICERS AND DIRECTORS

|                 |                      |                                 |
|-----------------|----------------------|---------------------------------|
| TITLE           | P                    | <input type="checkbox"/> DELETE |
| NAME            | SANDERS, ROBERT J    |                                 |
| STREET ADDRESS  | 8405 NW 61ST         |                                 |
| CITY - ST - ZIP | TAMARAC FL 33321     |                                 |
| TITLE           | VO                   | <input type="checkbox"/> DELETE |
| NAME            | KAHLENBERG, ARTHUR   |                                 |
| STREET ADDRESS  | 8025 NW 61ST         |                                 |
| CITY - ST - ZIP | TAMARAC FL 33321     |                                 |
| TITLE           | T                    | <input type="checkbox"/> DELETE |
| NAME            | STEIN, LEONARD       |                                 |
| STREET ADDRESS  | 8305 NE 61ST         |                                 |
| CITY - ST - ZIP | TAMARAC FL 33321     |                                 |
| TITLE           | DS                   | <input type="checkbox"/> DELETE |
| NAME            | VIDEBECK, MARILYN    |                                 |
| STREET ADDRESS  | 8405 NW 61ST         |                                 |
| CITY - ST - ZIP | TAMARAC FL 33321     |                                 |
| TITLE           | T                    | <input type="checkbox"/> DELETE |
| NAME            | FEIT, DONALD         |                                 |
| STREET ADDRESS  | 8205 NW 61ST         |                                 |
| CITY - ST - ZIP | TAMARAC FL 33321     |                                 |
| TITLE           | D                    | <input type="checkbox"/> DELETE |
| NAME            | ROSENKRANTZ, LUCILLE |                                 |
| STREET ADDRESS  | 8105 NW 61ST         |                                 |
| CITY - ST - ZIP | TAMARAC FL 33321     |                                 |

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 CITY - ST - ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 Mr. Donald Feit, 8205 NW 61st St., Tamarac, FL 33321 with an address.  
SIGNATURE: Donald Feit, DATE: 1/19/96, Treasurer

CR2E037 (12/95)