

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 03 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726927** (7)
 1. Corporation Name
TAMARAC FAIRWAYS ASSOCIATION, INC.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/10/1973	3a. Date of Last Report 02/07/1996
4. FEI Number 59-1671402	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	29 Zip Country
24	25
26	30

9. Name and Address of Current Registered Agent

SANDERS, ROBERT
8405 NW 61ST
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 checked="" type="checkbox"/> DELETE
NAME	STEIN, LEONARD	
STREET ADDRESS	8305 NE 61ST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	DS	<input checked="" 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 checked="" 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

1.1 TITLE	A.L.	DR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SYLVIA LIPPLES		
1.3 STREET ADDRESS	8205 N.W. 61ST		
1.4 CITY-ST-ZIP	TAMARAC, FL. 33321		
2.1 TITLE	FANNIE ROTHENSTEIN	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AL.		
2.3 STREET ADDRESS	8205 N.W. 61ST		
2.4 CITY-ST-ZIP	TAMARAC, FL. 33321		
3.1 TITLE	MAINT. - D		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MILTON GOLD		
3.3 STREET ADDRESS	8305 N.W. 61ST		
3.4 CITY-ST-ZIP	TAMARAC, FL. 33321		
4.1 TITLE	A.L.		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ELAINE BOBBI	DR	
4.3 STREET ADDRESS	8205 N.W. 61 ST		
4.4 CITY-ST-ZIP	TAMARAC, FL. 33321		
5.1 TITLE	FEIT, DONALD		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	8205 NW 61	TREAS.	
5.3 STREET ADDRESS	TAMARAC FL 33321		
5.4 CITY-ST-ZIP			
6.1 TITLE	SANDERS - R. J	PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	8405 NW 61ST		
6.3 STREET ADDRESS	TAMARAC FL 33321		
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **8/18/97**

CPRE037 (4/97)