FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am § Secretary of State

02-23-1999 90082 027 ****61.25

DOCUMENT # 726927 1. Corporation Name

TAMARA	C FAIRWAYS ASSOCIATION	I, 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						
2. Principal Place of Business 21 8405 NW615T 26 8405 NW		61ST	3. Date Incorporated or Qualifed 07/10/1973			
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 D 2 1 0 27 D 7 0			4. FEI Number 59-1671402	Applied For Not Applicable		
City & State City & State		City & State	FL	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
Zip 24 333	Country	Zip 333×1 3	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 0000	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered	Agent	
SANDERS, ROBERT			82 Street A	Address (P.O. Box Number is Not Acceptable)		
8405 NW 61ST			83			
TAMAHAC	FL 33321			· · · · · ·	'	
	·	_	84 City	<u>FL</u>	85 Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	Р	☐ DELETE	1.1 TITLE	•	☐ Change ☐ Addition	
NAME	SANDERS, ROBERT J	•	1.2 NAME		•	
STREET ADDRESS	8405 NW 61ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321	(T) DELETE	1.4 CITY-ST-ZIP		Change Addition	
TITLE	VO	☐ DELETE	2.1 TITLE	•	Change Divadition	
NAME	KAHLENBERG, ARTHUR		2.2 NAME	•		
1	8025 NW 61ST		2.3 STREET ADDRESS			
CITY-ST-Z#P	TAMARAC FL 33321		2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
TITLE	D CHADMAN CEODOE		3.2 NAME			
NAME	CHAPMAN, GEORGE 8405 NW 61ST		3.3 STREET ADDRESS		•	
STREET ADDRESS	TAMARAC FL 33321		3.4. CITY-ST-ZIP	,		
CITY-ST-ZIP TITLE	D	☐ DELETE	4.1 TITLE	•	Change Addition	
NAME	ROTHENSTEIN, FANNIE		4. 2 NAME			
STREET ADDRESS	8205 NW 61 ST		4.3 STREET ADDRESS	•		
CITY-ST-ZiP	TAMARAC FL 33321	,	4.4 CITY-ST-ZIP			
TITLE	D	DELETE	5 1 TITLE	D	Change Addition	
NAME	EFFRON, SANDY		5.2 NAME	ULL DRED PICKUP		
STREET ADDRESS	8105 NW 61 ST		5.3 STREET ADDRESS	8205 N.W. 61ST. TAMARAC, FL 333>1		
CITY-ST-ZIP	TAMARAC FL 33821		5.4 CITY-ST-ZIP	TAMARAC, FL 333>1	·	
TITLE	\$	☐ DELETE	6.1 TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition	
NAME	HERSCHER, RENEE		6.2 NAME		•	

CITY-ST-ZIP TAMARAC FL 33321

14. I 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 8305 61 ST