

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90026 027 ****61.25

DOCUMENT # 726927

1. Entity Name

TAMARAC FAIRWAYS ASSOCIATION, INC.

Principal Place of Business

8405 NW 61ST STREET
 TAMARAC FL 33321
 US

Mailing Address

8405 NW 61ST STREET
 TAMARAC FL 33321-3732
 US

00000424



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1671402-

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, ROBERT
 8405 NW 61ST
 TAMARAC FL 33321

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SANDERS, ROBERT J | |
| STREET ADDRESS | 8405 NW 61ST | |
| CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | VO | <input checked="" type="checkbox"/> Delete |
| NAME | ROSENBERG, ANTHONY | |
| STREET ADDRESS | 6025 NW 61ST | |
| CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHAPMAN, GEORGE | |
| STREET ADDRESS | 8405 NW 61ST | |
| CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROTHENSTEIN, FANNIE | |
| STREET ADDRESS | 8205 NW 61 ST | |
| CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PICKUP, MILDRED | |
| STREET ADDRESS | 8205 NW 61ST STREET | |
| CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | HERSCHER, RENEE | |
| STREET ADDRESS | 8305 61 ST | |
| CITY-ST-ZIP | TAMARAC FL 33321 | |

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> ***** |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP/TREAS | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> ***** |
| NAME | ROSE KARLIN | |
| STREET ADDRESS | 8405 NW 61 ST, Tamarac FL 33321 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> ***** |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> ***** |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> ***** |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Sanders
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00
 Date

Daytime Phone #