


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90029 042 ****61.25

DOCUMENT # 726927
 1. Entity Name
TAMARAC FAIRWAYS ASSOCIATION, INC.



Principal Place of Business Mailing Address
PHOENIX MGMT SERVICE **PHOENIX MGMT SERVICE**
4780 N STATE RD 7 STE E250 **4780 N STATE RD 7 STE E250**
LAUDERDALE LAKE FL 33319 **LAUDERDALE LAKE FL 33319**
US **US**



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-1671402 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PHOENIX MGMT SERVICES
4780 N STATE RD 7
STE E250
LAUDERDALE LAKES FL 33319

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHAF, JOSEPH F <input checked="" type="checkbox"/> Delete 8205 NW 61ST STREET, B312 TAMARAC FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input checked="" type="checkbox"/> Delete NEIGUM, KATHLEEN 8305 N.W. 61 STREET, C-212 TAMARAC FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete SCHAF, GLORIA 8205 NW 61ST STREET, B312 TAMARAC FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete TELLECHEA, WANDA 8205 N.W. 61 STREET, B-304 TAMARAC FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete COPPOLA, BARBARA 8105 NW 61ST STREET, 202 TAMARAC FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete RIVOL, ANN 8405 NW 61ST STREET, D109 TAMARAC FL 33321 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RAPP, GLENN 8105 N.W 61 STREET A 105 TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALTSCHLER, GILDA 8305 N.W 61 STREET C 103 TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROSEFF, JERRY 8205 N.W 61 STREET B 111 TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WASSERMAN, ELAINE 8205 N.W 61 STREET B 206 TAMARAC, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LANZA, ANTHONY 8105 N.W 61 STREET A 101 TAMARAC, FL 33321 |

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: Glenn Rapp **PRESIDENT** 2/6/2004 954-242-4051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #