

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91417 021 ****61.25

DOCUMENT # **726927**

1. Entity Name
TAMARAC FAIRWAYS ASSOCIATION, INC.



Principal Place of Business
~~N.W. 61 STREET, B-319
TAMARAC FL 33321~~

Mailing Address
~~8205 N.W. 61 STREET, B-319
TAMARAC FL 33321
US~~

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

Mailing Address
Phoenix Management Services
4780 N. State Rd. 7
Suite E 250
City & State
Lauderdale Lakes, FL 33319
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1671402** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Phoenix Management Services
SCHAF, JOSEPH F
8205 NW 61ST STREET
TAMARAC FL 33321
4780 N. State Rd. 7
Suite E 250
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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HILDA K. GIANFALA	
STREET ADDRESS 8205 NW 61ST ST. B-318	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILDA ALTSCHULER	
STREET ADDRESS 8305 NW 61ST ST. C-103	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILDA ALTSCHULER	
STREET ADDRESS 8305 NW 61ST ST. C-103	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE TREASURER, CONDO I	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WANDA TELLECHEA	
STREET ADDRESS WANDA TELLECHEA	
CITY-ST-ZIP	
TITLE ISABELLE MADDOCK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ISABELLE MADDOCK	
STREET ADDRESS TREASURER-CONDO II	
CITY-ST-ZIP 8305 NW 61ST ST. E-102	
TAMARAC, FL 33321	
TITLE VIOLA MIX	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VIOLA MIX	
STREET ADDRESS SECRETARY	
CITY-ST-ZIP 8305 NW 61ST ST. C-206	
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: *Hilda K. Gianfala*

4/10/03 954-640-7070

CR2E037 (10/02)