FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 20 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738976 (0)

1. Corporation Name

THE FAIRWAYS OF BOCA LAGO CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
9039 VISTA DEL LAGO BOCA RATON FL 33428	9039 VISTA DEL LAGO BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1977
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-1849337 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

EISENBERG, HERBERT
%BOCA LAGO MANAGEMENT
9039 VISTA DEL LAGO
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name: KALISH, LESTER
82 Street Address (P.O. Box Number is Not Acceptable): C/O BOCA LAGO MANAGEMENT
83: 9039 VISTA DEL LAGO
84 City: BOCA RATON FL 85 Zip Code: 33428

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lester Kalish — 4-17-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	MALAMUTH, SOL	1.2 NAME	
STREET ADDRESS	8535 CASA DEL LAGO	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☒ Change ☐ Addition
NAME	EISENBERG, HERBERT	2.2 NAME	T LILLIAN WINKLER
STREET ADDRESS	8467 CASA DEL LAGO	2.3 STREET ADDRESS	8305 CASA DEL LAGO #3B
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL
TITLE	P	3.1 TITLE	☒ Change ☐ Addition
NAME	KIRP, HERMAN	3.2 NAME	P LESTER KALISH
STREET ADDRESS	8555 CASA DEL LAGO	3.3 STREET ADDRESS	21213 LAGO CIR #101
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WALDMANN, JULIAN	4.2 NAME	
STREET ADDRESS	8545 CASA DEL LAGO	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	LEONARD KANOFSKY	5.2 NAME	
STREET ADDRESS	8435 CASA DEL LAGO	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	GUNN, MAURICE	6.2 NAME	D RHODA HANDELSMAN
STREET ADDRESS	21218 LAGO CIRCLE	6.3 STREET ADDRESS	21219 LAGO CIR #5C
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	BOCA RATON, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lester Kalish — 4-17-95 (407) 483-4000
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Telephone #

6045160