

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738976** (0)

1. Corporation Name

THE FAIRWAYS OF BOCA LAGO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
9039 VISTA DEL LAGO BOCA RATON FL 33428	9039 VISTA DEL LAGO BOCA RATON FL 33428-3141

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/09/1977		04/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1849337		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KALISH, LESTER C/O BOCA LAGO MANAGEMENT 9039 VISTA DEL LAGO BOCA RATON FL 33428				81 Name MALAMUTH, SOL 82 Street Address (P.O. Box Number is Not Acceptable) 40 BOCA LAGO MANAGEMENT 83 9039 VISTA DEL LAGO 84 City BOCA RATON FL 85 Zip Code 33428			

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 617.0502, Florida Statutes.

SIGNATURE *[Signature]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE **4/24/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	T	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WINKLER, LILLIAN		2.2 NAME				
STREET ADDRESS	8305 CASA DEL LAGO #38		2.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KALISH, LESTER		3.2 NAME	FLANZENBAUM, ARNOLD			
STREET ADDRESS	21213 LAGO CIR #101		3.3 STREET ADDRESS	8510 CASA DEL LAGO #51B			
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	BOCA RATON, FL 33433			
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSEN HARRIET		4.2 NAME	SILBERMAN, ELAINE			
STREET ADDRESS	8480 CASA DEL LAGO #25F		4.3 STREET ADDRESS	8410 CASA DEL LAGO #206			
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	BOCA RATON, FL 33433			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEISS, GERALD		5.2 NAME				
STREET ADDRESS	8410 CASA DEL LAGO #20L		5.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALBERT, EUGENE		6.2 NAME	FISHBEIN, RICHARD			
STREET ADDRESS	8566 CASA DEL ARGO #47D		6.3 STREET ADDRESS	8521 CASA DEL LAGO #34B			
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP	BOCA RATON, FL 33433			

14. I do 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.

SIGNATURE *[Signature]* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE **4/24/97**

CR2E037 (9/96)