


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 16 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745178 (4)**  
 1. Corporation Name  
**FAIRWAY PARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>5995 BANNOCK TERRACE BOYNTON BEACH FL 33437</b>	Mailing Address <b>5995 BANNOCK TERRACE BOYNTON BEACH FL 33437</b>
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3. Date Incorporated or Qualified  
**12/11/1978**

4. FEI Number  
**59-2029736**

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

9. Name and Address of Current Registered Agent

**JOE BARTLETT, PRES. CRYSTAL COMM MGMT INC  
5995 BANNOCK TERRACE  
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOPEZ, MAURICE</b>	1.2 NAME	<b>GELLES, ARNOLD</b>
STREET ADDRESS	<b>5500 FAIRWAY PARK DR</b>	1.3 STREET ADDRESS	<b>5519 FAIRWAY PARK DRIVE</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	1.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOLDNER, ALFRED</b>	2.2 NAME	<b>GELLES, ELISE</b>
STREET ADDRESS	<b>5660 FAIRWAY PARK DR</b>	2.3 STREET ADDRESS	<b>5519 FAIRWAY PARK DRIVE</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	2.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>V/T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BURG, SAUL</b>	3.2 NAME	<b>MAHL, FRED</b>
STREET ADDRESS	<b>5561 FAIRWAY PARK DR</b>	3.3 STREET ADDRESS	<b>5603 FAIRWAY PARK DRIVE</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	3.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWITT, HARRIET</b>	4.2 NAME	<b>LEWITT, DANIEL</b>
STREET ADDRESS	<b>5500 FAIRWAY PARK DR</b>	4.3 STREET ADDRESS	<b>5500 FAIRWAY PARK DRIVE</b>
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	4.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIEGEL, DANIEL</b>	5.2 NAME	<b>GLASSER, NORMA</b>
STREET ADDRESS	<b>5640 FAIRWAY PARK DR.</b>	5.3 STREET ADDRESS	<b>5617 FAIRWAY PARK DRIVE</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	5.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 as an attachment with an address.

SIGNATURE *[Signature]* **ARNOLD GELLES, PRES. 4/8/98 (561) 734-8005**

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