

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90086 049 ****61.25

DOCUMENT # 745178

1. Entity Name
FAIRWAY PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business BANNOCK TERRACE BOYNTON BEACH FL 33437	Mailing Address 5995 BANNOCK TERRACE BOYNTON BEACH FL 33437-1447
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Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2029736	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**JOE BARTLETT, PRES. CRYSTAL COMM MGMT INC
 5995 BANNOCK TERRACE
 BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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.

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

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TD LOPEZ, MAURICE 5500 FAIRWAY PARK DR BOYNTON BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWITT, DANIEL 5500 FAIRWAY PARK DRIVE BOYNTON BEACH, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD GELLES, ARNOLD 5519 FAIRWAY PARK DRIVE BOYNTON BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, JONATHAN 5715 FAIRWAY PARK DRIVE BOYNTON BEACH, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D GELLES, ELISE 5519 FAIRWAY PARK DRIVE BOYNTON BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOMITOR, ELLIOT 5600 FAIRWAY PARK DRIVE BOYNTON BEACH, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SD LEWITT, HARRIET 5500 FAIRWAY PARK DR BOYNTON BCH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASSER, NORMA 5617 FAIRWAY PARK DRIVE BOYNTON BEACH, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D SIEGEL, DANIEL 5640 FAIRWAY PARK DR. BOYNTON BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VTD MAHL, FRED 5603 FAIRWAY PARK DRIVE BOYNTON BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *Arnold Gelles* **SIGNATURE REQUIRED** **Arnold Gelles, President** **2/25/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)