

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90063 030 ****61.25

DOCUMENT # 747025

1. Entity Name

FAIRWAYS OF CORAL SPRINGS CONDOMINIUM ASSOCIATIO

Principal Place of Business

Mailing Address

9150 HAMPSHIRE DR. #306
 P.O. BOX 9519
 CORAL SPRINGS FL 33075

9150 HAMPSHIRE DR. #306
 P.O. BOX 9519
 CORAL SPRINGS FL 33075-9519

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1923005

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTHEAST CONDOMINIUM MANAGEMENT
2085 UNIVERSITY DR
CORAL SPRINGS FL 33071

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	COKER, DOCIA	
STREET ADDRESS	9150 NW 38TH DR.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KUEHN, ROBERTA	
STREET ADDRESS	9150 NW 38 DR. #105	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENGEL, RICHARD	
STREET ADDRESS	4013 N.W. 76 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HODGE, ART	
STREET ADDRESS	9150 NW 38TH DR.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dunroe, Diane	
STREET ADDRESS	9150 NW 38 Dr	
CITY-ST-ZIP	Coral Springs, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert A. P... [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00
 Date

Daytime Phone #

CR2E037 (9/99)