

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90097 020 ****61.25

DOCUMENT # 747025

1. Entity Name

FAIRWAYS OF CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1923005

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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: PD
 NAME: SCHIFANO, ELISE Delete
 STREET ADDRESS: 9150 NW 38TH DR.
 CITY-ST-ZIP: CORAL SPRINGS FL

TITLE: D
 NAME: Monroe, Diana Change Addition
 STREET ADDRESS: 9150 NW 38 Dr.
 CITY-ST-ZIP: Coral Springs, FL 33065

TITLE: D
 NAME: STEIN, SYLVIA Delete
 STREET ADDRESS: 9150 NW 38 DR. #105
 CITY-ST-ZIP: CORAL SPRINGS FL

TITLE: D
 NAME: NIELANDER, JIM Delete
 STREET ADDRESS: 9150 NW 38 DR
 CITY-ST-ZIP: CORAL SPRINGS FL 33065

TITLE: VPD
 NAME: HODGE, ART Delete
 STREET ADDRESS: 9150 NW 38TH DR.
 CITY-ST-ZIP: CORAL SPRINGS FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

I 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 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: Elise Schifano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/02 x3461
 561 361 7600
 Date Daytime Phone #

CR2E037 (9/01)