2002 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2002 8:00 am Secretary of State DOCUMENT # **747025** 1. Entity Name 02-14-2002 90097 020 ****61.25 FAIRWAYS OF CORAL SPRINGS CONDOMINIUM ASSOCIATIO N. INC. Principal Place of Business Mailing Address 9150 HAMPSHIRE DR. #306 9150 HAMPSHIRE DR. #306 P.O. BOX 9519 P.O. BOX 9519 CORAL SPRINGS FL 33075 CORAL SPRINGS FL 33075 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1923005 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SOUTHER'ST CONDOMINIUM MANAGEMENT 2085 UNIVERSITY DR CORAL SPRINGS FL 33071 Zip Code FL 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 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) ☐ Delete TITLE Addition SCHIFANO, ELISE NAME monroe, Diana STREET ADDRESS 9150 NW 38TH DR. STREET ADDRESS 9150 NW 38 Dc. CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition STEIN, SYLVIA NAME NAME STREET ADDRESS 9150 NW 38 DR. #105 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP TITLE Delete TITLE Change Addition NIELANDER, JIM NAME STREET ADDRESS 9150 NW 38 DR STREET ADDRESS CITY-ST-7IP CORAL SPRINGS FL 33065 CITY-ST-ZIP VPD TITLE X Delete TITLE Change Addition HODGE, ART NAME 9150 NW 38TH DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP Delete TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 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 d 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 proration 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 t, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

1/20/02

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