

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90013 006 \*\*\*\*61.25

**DOCUMENT # 747025**

1. Entity Name

**FAIRWAYS OF CORAL SPRINGS CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**SOUTHEAST CONDOMINIUM MANAGEMENT  
2085 UNIVERSITY DR  
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ZULLA, EMIL	
STREET ADDRESS	9150 NW 38TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEIN, SYLVIA	
STREET ADDRESS	9150 NW 38 DR. #105	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONROE, DINANA	
STREET ADDRESS	8150 NW 38 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGES, ART	
STREET ADDRESS	9150 NW 38TH ST #301	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULLO, Emil	
STREET ADDRESS	9150 NW 38 ST. #304	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MacIntyre, Lilly	
STREET ADDRESS	5777 English Oaks Lane	
CITY-ST-ZIP	Naples, FL 34119-1333	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brusowankin, moshe	
STREET ADDRESS	9150 NW 38 St. #307	
CITY-ST-ZIP	Coral Springs, FL 33065	

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:** *Emil M Zullo* **EMIL M ZULLO** *3/3/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #