


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90070 035 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01042007		Chg-NP	CR2E037 (12/06)
4. FEI Number 59-1923005		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOUTHEAST CONDOMINIUM MANAGEMENT 2855 N. UNIVERSITY DR SUITE 310 CORAL SPRINGS, FL 33065		Name Tucker & Tighe, P.A. Street 800 E. Broward Blvd, Suite 710 Fort Lauderdale, FL 33301 City 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 <u><i>Thomas Tighe</i></u>		DATE <u>2/16/07</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URIVETZKY, SIMHA	NAME	merlin, Jeffrey
STREET ADDRESS	9150 NW 38TH ST	STREET ADDRESS	5118 Heron Ct.
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	Coconut Creek, FL 33073
TITLE	PO <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUILO, EMIL	NAME	Blackman, Steven
STREET ADDRESS	9150 NW 38 ST #304	STREET ADDRESS	2467 NW 63 ST.
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	D <input type="checkbox"/> Delete	TITLE	S-T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACINTYRE, LILLY	NAME	MACINTYRE, Lilly
STREET ADDRESS	5777 ENGLISH OAKS LANE	STREET ADDRESS	address
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCAHON, PAULETTE	NAME	SARA DAVIS
STREET ADDRESS	9150 NW 38 ST #207	STREET ADDRESS	9150 NW 38th Dr #212
CITY-ST-ZIP	POMPANO BEACH, FL 33065	CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Sabet, Joanne
STREET ADDRESS		STREET ADDRESS	5020 NW 64 Dr.
CITY-ST-ZIP		CITY-ST-ZIP	Coral Springs, FL 33067
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	26-5285
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the empowered.			
SIGNATURE: <u><i>Lilly Mac Intyre</i></u>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40008090



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ATTACHMENT

20008090



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City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1923005	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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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 <i>Thomas T. Fisher</i>		Title <i>Pres.</i>		DATE <i>2/16/07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D URIVETZKY, SIMHA 9150 NW 38TH ST CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP merlin, Jeffrey 5118 Heron Ct. Coconut Creek, FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZUILO, EMIL 9150 NW 38 ST #304 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Blackman, Steven 2467 NW 63 ST. Boca Raton, FL 33446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACINTYRE, LILLY 5777 ENGLISH OAKS LANE NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S-T MACINTYRE, Lilly	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMAHON, PAULETTE 9150 NW 38 ST #207 POMPANO BEACH, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARA DAVIS 9150 NW 38th Dr #212 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sabet, Joanne 5020 NW 64 Dr. Coral Springs, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <i>Lilly Mac Intyre</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				Daytime Phone #	