

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747025

FILED
Apr 08, 2009
Secretary of State

Entity Name: FAIRWAYS OF CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2855 N UNIVERSITY DR
310
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2855 N UNIVERSITY DR
310
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 59-1923005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER & TIGHE, PA
800 E BROWARD BLVD, SUITE 710
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: KHVILIVITZKY, ALEXANDER
Address: 2660 CARMBOLA CIR N #401B
City-St-Zip: COCONUT CREEK, FL 33066

Title: PD () Delete
Name: ZUILO, EMIL
Address: 9150 NW 38 ST #304
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ST () Delete
Name: MACINTYRE, LILLY
Address: 5777 ENGLISH OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: DAVIS, SARA
Address: 9150 NW 38TH DR #212
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: SABET, JOANNE
Address: 5020 NW 64 DR
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MACINTYRE, LILLY
Address: 5777 ENGLISH OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: VPD (X) Change () Addition
Name: DAVIS, SARA
Address: 9150 NW 38TH DR #212
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD (X) Change () Addition
Name: SABET, JOANNE
Address: 5020 NW 64 DR
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMIL ZULLO

Electronic Signature of Signing Officer or Director

P

04/08/2009

Date