**FILE NOW: FILING FEE IS $61.25**

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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749609 (4)

1. Corporation Name

FAIRWAYS OF SUNRISE HOMEOWNERS ASSOCIATION, INC.

| *Principal Place of Business* | *Mailing Address* |
|---|---|
| 2811 NW 60 AVE.<br>SUNRISE FL 33322 | 2811 NW 60 AVE.<br>SUNRISE FL 33322 |

3. Date Incorporated or Qualified: 11/01/1979

4. FEI Number: 59-1975263 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

SMITH & HIATT, PA
2400 E COMMERCIAL BLVD
STE 600
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: TAMAR DUFFNER SHENDELL, PA
82 Street Address (P.O. Box Number Is Not Acceptable): 3650 N. FEDERAL HWY
83: SUITE 208
84 City: LIGHTHOUSE POINT FL 85 Zip Code: 33064

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X Tamar Duffner Shendell President (Tamar Duffner Shendell) 2-27-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | S | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | YEGGY, JENNY | | 1.2 NAME | | |
| STREET ADDRESS | 8021 NW 28 PL | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SALOMON, HENRY | | 2.2 NAME | | |
| STREET ADDRESS | 2762 NW 80 AVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HOUGHTALING, EDWARD J JR | | 3.2 NAME | | |
| STREET ADDRESS | 8043 NW 28 CT | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | BARB, MARK | | 4.2 NAME | | |
| STREET ADDRESS | 2812 NW 80TH AVE | | 4.3 STREET ADDRESS | 2912 NW 80 AVE | |
| CITY-ST-ZIP | SUNRISE FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GELLER, JEROME P | | 5.2 NAME | | |
| STREET ADDRESS | 2820 NW 80 AVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KAKE, ANDRIS JR. | | 6.2 NAME | | |
| STREET ADDRESS | 8020 N.W. 28TH PLACE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [illegible] REQUIRED 2/18/98