

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 91100 033 ****61.25

DOCUMENT # 749609

1. Entity Name

FAIRWAYS OF SUNRISE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2811 NW 80 AVE.
SUNRISE FL 33322

Mailing Address

2811 NW 80 AVE.
SUNRISE FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1975263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAMAR DUFFNER SHENDELL PA
3650 N FEDERAL HWY
STE 208
LIGHTHOUSE POINT FL 33064

Name: Shendell Miller & Shendell, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3650 N Federal Highway
Suite 202
City: Lighthouse Point FL Zip Code: 33064

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: S
NAME: ARONSON, DANA
STREET ADDRESS: 2872 NW 80 AVE
CITY-ST-ZIP: SUNRISE FL 33322 ☐ Delete

TITLE: P
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☒ Change ☐ Addition

TITLE: D
NAME: SINCLAIR, GLEN
STREET ADDRESS: 8017 NW 27 CT
CITY-ST-ZIP: SUNRISE FL 33322 ☐ Delete

TITLE: D
NAME: MARK BARB
STREET ADDRESS: 2912 NW 80 AVE
CITY-ST-ZIP: SUNRISE FL 33322 ☐ Change ☒ Addition

TITLE: PD
NAME: CRISCITIUO, ERNEST
STREET ADDRESS: 8032 NW 27 CT
CITY-ST-ZIP: SUNRISE FL 33322 ☒ Delete

TITLE: S
NAME: SIMONEAU, LISA
STREET ADDRESS: 8033 NW 28 CT.
CITY-ST-ZIP: SUNRISE, FL 33322 ☐ Change ☒ Addition

TITLE: T
NAME: LANDRY, PIERRE
STREET ADDRESS: 2824 NW 80 AVE
CITY-ST-ZIP: SUNRISE FL 33322 ☐ Delete

TITLE: V
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☒ Change ☐ Addition

TITLE: V
NAME: KAKE, ANDRIS JR
STREET ADDRESS: 8020 NW 28 PL
CITY-ST-ZIP: SUNRISE FL 33322 ☒ Delete

TITLE: D
NAME: ROBERT BEAVER
STREET ADDRESS: 2758 NW 80 AVE
CITY-ST-ZIP: SUNRISE, FL 33322 ☐ Change ☒ Addition

TITLE: D
NAME: NOWELL, GIGI
STREET ADDRESS: 2754 NW 80 AVE
CITY-ST-ZIP: SUNRISE FL 33322 ☐ Delete

TITLE: S
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☒ Change ☐ Addition

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 9547473407

Date

Daytime Phone #

CR2E037 (10/00)