

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90017 004 ****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**

40045311



2. Principal Place of Business

Same

3. Mailing Address

5300 Powerline Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200A

City & State

City & State

FT. Lauderdale, FL

Zip

Country

Zip

Country

33309

Broward

03092006 Chg-NP CR2E037 (11/05)

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

**SHENDELL, TAMAR D ESQ.
SHENDELL & ASSOCIATES, P.A.
3650 N. FEDERAL HWY., #202
LIGHTHOUSE POINT, FL 33064**

7. Name and Address of New Registered Agent

Name **Andrew Meyrowitz**

Street Address (P.O. Box Number is Not Acceptable)

2035 Harding Street, Suite 200

City **Hollywood**

FL

Zip Code
33020

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

3/10/06

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **D** ☒ Delete
NAME **ARONSON, DANA**
STREET ADDRESS **2872 NW 80 AVE**
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE **SD** ☒ Delete
NAME **NOWELL, GIGI**
STREET ADDRESS **2754 NW 80 AVE**
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE **PD** ☒ Delete
NAME **GAILE, ESTHER**
STREET ADDRESS **2770 NW 80 AVE.**
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE **TD** ☒ Delete
NAME **MARTINEZ, ROBERT**
STREET ADDRESS **2860 NW 80 AVE.**
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE **VP** ☐ Delete
NAME **BROMFIELD, CLAUDIA**
STREET ADDRESS **2840 NW 80 AVE**
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE **D** ☒ Delete
NAME **WILLIAMS, MATT**
STREET ADDRESS **8020 NW 28 PLACE**
CITY-ST-ZIP **SUNRISE, FL 33322**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **Ed Arendes**
STREET ADDRESS **8009 NW 29 Street**
CITY-ST-ZIP **Sunrise, FL 33322**

TITLE **VP** ☐ Change ☒ Addition
NAME **Glen Sinclair**
STREET ADDRESS **8017 NW 27 Court**
CITY-ST-ZIP **Sunrise, FL 33322**

TITLE **SD** ☐ Change ☒ Addition
NAME **Marie Excellent**
STREET ADDRESS **8016 NW 28 Street**
CITY-ST-ZIP **Sunrise, FL 33322**

TITLE **Trp Asur** ☐ Change ☒ Addition
NAME **Adriana Camero**
STREET ADDRESS **3904 NW 80 Ave**
CITY-ST-ZIP **Sunrise, FL 33322**

TITLE **D** ☒ Change ☐ Addition
NAME **Bromfield Claudia**
STREET ADDRESS **2840 NW 80 Ave.**
CITY-ST-ZIP **Sunrise, FL 33322**

TITLE **D** ☐ Change ☒ Addition
NAME **Lisa Simoneau**
STREET ADDRESS **8003 NW 28 Court**
CITY-ST-ZIP **Sunrise, FL 33322**

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 like empowered.

SIGNATURE:

Ronald Doria

Ronald Doria

3-9-06

954-745-1170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #