

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 MAY -1 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 750202 (4)  
1. Corporation Name  
FAIRWAY VILLAGE OF BOCA DEL MAR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
~~2505 SOUTH CONGRESS~~ ~~2005 SOUTH CONGRESS~~  
~~37E F~~ ~~SUITE F~~  
~~DELRAY BEACH FL 33445~~ ~~DELRAY BEACH FL 33445~~  
~~405~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1979 3a. Date of Last Report 04/18/1994

4. FEI Number 65-0105610 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 C/O ATLANTIC Mgt. 26 C/O ATLANTIC Mgt  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 1203 SW 2nd ST. 27 P.O. Box #1177  
 City & State City & State  
 23 Pompano Beach FL 28 Pompano Beach FL  
 Zip Country Zip Country  
 24 33069 25 BROWARD 29 33061 30 BROWARD

9. Name and Address of Current Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

KAYE, BOB  
1500 W CYPRESS CR RD  
SUITE 207  
FT LAUDERDAL FL 33309

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------|---|---|
| TITLE                      | BS                  | 1.1 TITLE   | DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LANGEFORD, JANET    | 1.2 NAME  | Janet Block Kahan   |
| STREET ADDRESS             | 6375 TONLON DRIVE   | 1.3 STREET ADDRESS                                    | 6431 Toulon Dr  |
| CITY-ST-ZIP                | BOCA RATON FL       | 1.4 CITY-ST-ZIP                                       | Boca Raton, FL 33433  |
| TITLE                      | B                   | 2.1 TITLE   | BL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PERLIN, RICHARD     | 2.2 NAME  | Lynn Rhodes   |
| STREET ADDRESS             | 6535 G PARKVIEW DR  | 2.3 STREET ADDRESS                                    | 6505 G Parkview Dr  |
| CITY-ST-ZIP                | BOCA RATON FL       | 2.4 CITY-ST-ZIP                                       | Boca Raton, FL 33433  |
| TITLE                      | DP                  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | GOODRIDGE, PETER    | 3.2 NAME  |   |
| STREET ADDRESS             | 6344 PONDAPPLE ROAD | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BOCA RATON FL       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DR D                | 4.1 TITLE   | DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MADDOX, ROBERT      | 4.2 NAME  |   |
| STREET ADDRESS             | 2973 N E 7TH DR     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BOCA RATON FL       | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                     | 5.1 TITLE   | DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                     | 5.2 NAME  | B. J. Lloyd   |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    | 6595 H Parkview Dr  |
| CITY-ST-ZIP                |                     | 5.4 CITY-ST-ZIP                                       | Boca Raton, FL 33433  |
| TITLE                      |                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |                     | 6.2 NAME  |   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                     | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: John T. Mulvey, Jr John T. Mulvey, Jr 4-26-95 (305) 943-6556  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type in Filing #)