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FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750202 (4)

1. Corporation Name

FAIRWAY VILLAGE OF BOCA DEL MAR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CAMPBELL PROPERTY MANAGEMENT
1215 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441
US1215 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441-4203
US3. Date Incorporated or Qualified
12/13/19793a. Date of Last Report
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0105610Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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

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	DS	<input checked="" type="checkbox"/> DELETE
NAME	KAHAN, JANET BLOCK	
STREET ADDRESS	6431 TOULON DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RHODES, LYNN	
STREET ADDRESS	6565 C. PARKVIEW DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, STEVEN	
STREET ADDRESS	6463 PARKVIEW DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOBEL, LOLA	
STREET ADDRESS	6535 H PARKVIEW DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LLOYD, B. J.	
STREET ADDRESS	6595-H PARKVIEW DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SUBOTIC, VALERIE SUBOTIC, VALERIE	
1.3 STREET ADDRESS	6535 D PARKVIEW DRIVE	
1.4 CITY-ST-ZIP	BOCA RATON FL 33433	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FOSTER, STEVEN	
2.3 STREET ADDRESS	6463 PARKVIEW DRIVE	
2.4 CITY-ST-ZIP	BOCA RATON FL 33433	
3.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SULLIVAN, PAUL	
3.3 STREET ADDRESS	6415 TOULON DRIVE	
3.4 CITY-ST-ZIP	BOCA RATON FL 33433	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GAGLIARDI, MICHAEL	
4.3 STREET ADDRESS	6437 TOULON DRIVE	
4.4 CITY-ST-ZIP	BOCA RATON FL 33433	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0042783

CR2E037 (9/96)