

FILE NOW: FILING FEE IS \$61.25

FILED

**May 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750202 (4)

1. Corporation Name
FAIRWAY VILLAGE OF BOCA DEL MAR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O CAMPBELL PROPERTY MANAGEMENT 1215 E HILLSBORO BLVD DEERFIELD BEACH FL 33441 US		Mailing Address 1215 E HILLSBORO BLVD DEERFIELD BEACH FL 33441 US	
2. Principal Place of Business	2a. Mailing Address	21	26
22	27	23	28
24	25	29	30

3. Date Incorporated or Qualified 12/13/1979	
4. FEI Number 65-0105610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number Is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBOTIC, VALERIE	1.2 NAME	
STREET ADDRESS	65350 PARKVIEW DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, STEVEN	2.2 NAME	CLAIRE SOLLOTT
STREET ADDRESS	6463 PARKVIEW DRIVE	2.3 STREET ADDRESS	6427 TOULON DRIVE
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL, 33433
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, PAUL	3.2 NAME	ROBERT BLOCH
STREET ADDRESS	6415 TOULON DRIVE	3.3 STREET ADDRESS	6535 C PARKVIEW DRIVE
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL, 33433
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAGLIARDI, MICHAEL	4.2 NAME	PHYLLIS GLAY
STREET ADDRESS	6437 TOULON DRIVE	4.3 STREET ADDRESS	6403 TOULON DRIVE
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL, 33433
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLOYD, B. J.	5.2 NAME	DE FRANCES, JEAN
STREET ADDRESS	6595-H PARKVIEW DR	5.3 STREET ADDRESS	6451 PARKVIEW DRIVE
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> DELETE	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 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]* President 4-30-98

CR2E037 (10/97)