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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90106 048 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 750202

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

12/13/1979

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **CAMPBELL PROPERTY MANAGEMENT**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1215 E. HILLSBORO BLVD**  
 83  
 84 City **DEERFIELD BEACH** 85 Zip Code **FL 33441**

11. Pursuant to the provisions of Sections 617.0503 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

*William B. Campbell III*  
**WILLIAM B. CAMPBELL III**

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **DS SUBOTIC, VALERIE**  
 STREET ADDRESS **65350 PARKVIEW DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  DELETE

NAME **DP FOSTER, STEVEN**  
 STREET ADDRESS **6463 PARKVIEW DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  DELETE

NAME **DVP SULLIVAN, PAUL**  
 STREET ADDRESS **6415 TOULON DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  DELETE

NAME **D BLOCH, ROBERT**  
 STREET ADDRESS **6535 C PARKVIEW DR**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  DELETE

NAME **D GLAY, PHYLLIS**  
 STREET ADDRESS **6403 TOULON DR**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  DELETE

NAME **DT DE FRANCES, JEAN**  
 STREET ADDRESS **6451 PARKVIEW DR**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME **SOCQUET, CLAIRE**  
 4.3 STREET ADDRESS **6427 TOULON DR**  
 4.4 CITY-ST-ZIP **BOCA RATON, FL**

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 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, with any other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William B. Campbell III*  
**WILLIAM B. CAMPBELL III** Resident 4-13-99 (561) 338-5881

CR2E037 (11/98)