

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90055 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 750202**

1. Entity Name

**FAIRWAY VILLAGE OF BOCA DEL MAR HOMEOWNERS ASSOC**

Principal Place of Business

Mailing Address

C/O CAMPBELL PROPERTY MANAGEMENT  
 1215 E HILLBORO BLVD  
 DEERFIELD BEACH FL 33441  
 US

1215 E HILLSBORO BLVD  
 DEERFIELD BEACH FL 33441-4203  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0105610**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL PROPERTY MANAGEMENT**  
**1215 E. HILLSBORO BLVD**  
**DEERFIELD BEACH FL 33441**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**SEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SUBOTIC, VALERIE	
STREET ADDRESS	65350 PARKVIEW DRIVE 6535 D	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FOSTER, STEVEN	
STREET ADDRESS	6463 PARKVIEW DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SULLIVAN, PAUL	
STREET ADDRESS	6415 TOULON DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOCQUET, CLAIRE	
STREET ADDRESS	6427 TOVLON DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLAY, PHYLLIS	
STREET ADDRESS	6403 TOULON DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DE FRANCES, JEAN	
STREET ADDRESS	6451 PARKVIEW DR	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/99)

12. 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 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:

*STEVEN J. FOSTER*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #