

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0035942

04-09-2002 90050 028 ****61.25

DOCUMENT # 750202

1. Entity Name

**FAIRWAY VILLAGE OF BOCA DEL MAR HOMEOWNERS ASSOC
 IATION, INC.**

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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0105610

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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: FEE 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	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FOSTER, STEVEN	
STREET ADDRESS	6463 PARKVIEW DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<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 33433	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIBIOIA, DAWNE	
STREET ADDRESS	6565D 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	D	<input checked="" 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		

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

3-22-02 561-338-5881
 Date Daytime Phone #

CR2E037 (9/01)