

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 750202
 1. Entity 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
1215 E HILLBORO BLVD DEERFIELD BEACH FL 33441
DEERFIELD BEACH FL 33441 US

2. Principal Place of Business Suite, Apt #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0105610** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CAMPBELL PROPERTY MANAGEMENT
1215 E. HILLSBORO BLVD
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW; FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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	D	<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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000268576	
CITY-ST-ZIP	03/18/05-80047-023 61.25	
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
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)(c), 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, President 3/10/05*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #