

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 750558 (9)**

1. Corporation Name

**VILLAGE OF FAIRWAY OAKS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
C/O LANG MANAGEMENT CO INC 5295 TOWN CENTER RD #200 BOCA RATON FL 33486	C/O LANG MANAGEMENT CO INC 5295 TOWN CENTER RD #200 BOCA RATON FL 33486

3. Date Incorporated or Qualified <b>01/10/1980</b>	3a. Date of Last Report <b>03/01/1995</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

4. FEI Number <b>59-2117340</b>	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

ISAACSON, WILLIAM K.  
5295 TOWN CENTER RD #200  
BOCA RATON FL 33486

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
84 City
85 Zip Code

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAMPERT, JERRY	
STREET ADDRESS	20131 FAIRFAX DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERTOLA, INGNATIUS	
STREET ADDRESS	20158 FAIRFAX DR.	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LIPSITZ, BERNARD	
STREET ADDRESS	20160 NORTHCOTE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, JACK	
STREET ADDRESS	47 STANLEY RD.	
CITY-ST-ZIP	SWAPSCOTT MA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, LEE	
STREET ADDRESS	20149 FAIRFAX DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	George F. Jaeger
3.4 CITY-ST-ZIP	20100 Northcote Dr. Boca Raton, FL 33434
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	Gloria Brody
4.4 CITY-ST-ZIP	20167 Fairfax Dr. Boca Raton, FL 33434
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Stewart Dickler
5.4 CITY-ST-ZIP	20160 Northcote Dr. Boca Raton, FL 33434
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

BIL DEL \$61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* DATE: 3/20/96 DAYTIME PHONE #

CR2E037 (12/95)