

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90014 044 \*\*\*\*70.00

**DOCUMENT # 756682**

1. Entity Name

**FAIRWAY OAKS AT BOCA WEST PROPERTY OWNERS ASSOCI**

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

2. Principal Place of Business

*21045 Commercial Trail*

3. Mailing Address

*21045 Commercial Trail*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Boca Raton FL*

City & State

*Boca Raton FL*

Zip

*33486*

Country

*US*

Zip

*33486*

Country

*US*



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2117340**

Applied For

Not Applicable

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

ISAACSON, WILLIAM K  
~~5295 TOWN CENTER ROAD~~  
~~SUITE 200~~  
 BOCA RATON FL 33486

*21045 Commercial Trail*

Name

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

*21045 Commercial Trail*

City

*Boca Raton*

FL

Zip Code

*33486*

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 PD ☐ Delete  
 NAME ALLEN, LEE  
 STREET ADDRESS 20149 FAIRFAX RD.  
 CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD ☐ Delete  
 NAME LEVINE, MARVINE  
 STREET ADDRESS 20172 NORTHCOTE DR.  
 CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☒ Change ☐ Addition  
 NAME *LEVINE, MARVIN*  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD ☐ Delete  
 NAME LEVY, ROBERT M  
 STREET ADDRESS 20124 NORTHCOTE DR.  
 CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD ☐ Delete  
 NAME LAMPERT, JERRY  
 STREET ADDRESS 20131 FAIRFAX DR.  
 CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME BERTOLA, PAUL  
 STREET ADDRESS 20185 FAIRFAX DR.  
 CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/26/01*

Date

Daytime Phone #

CR2E037 (10/00)