

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90083 001 ****70.00

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1. Entity Name

**FAIRWAY OAKS AT BOCA WEST PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**21045 COMMERCIAL TRL
BOCA RATON FL 33486**

Mailing Address

**21045 COMMERCIAL TRL
BOCA RATON FL 33486**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

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

**WILLIAM K. ISAACSON,
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

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

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
Due By May 1, 2004**

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert M. Levy **ROBERT M. LEVY** 3/10/04