

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 756682

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E037 (10/05)

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVY, ROBERT M			NAME			
STREET ADDRESS	20124 NORTHCOTE DR			STREET ADDRESS			
CITY- ST- ZIP	BOCA RATON FL 33434			CITY- ST- ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINE, MARVIN			NAME			
STREET ADDRESS	20172 NORTHCOTE DR			STREET ADDRESS			
CITY- ST- ZIP	BOCA RATON FL 33434			CITY- ST- ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMPERT, JERRY			NAME			
STREET ADDRESS	20124 NORTHCOTE DR			STREET ADDRESS			
CITY- ST- ZIP	BOCA RATON FL 33431			CITY- ST- ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, IRVING			NAME			
STREET ADDRESS	20124 NORTHCOTE DR			STREET ADDRESS			
CITY- ST- ZIP	BOCA RATON FL 33434			CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERTOLA, PAUL			NAME			
STREET ADDRESS	20185 FAIRFAX DR.			STREET ADDRESS			
CITY- ST- ZIP	BOCA RATON FL 33434			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

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04/25/06-80043-019 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, or any other like empowered.

SIGNATURE: *[Signature]*

3/27/06