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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N45100 (7)
1. Corporation Name
FAIRWAY POINTE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
LANG MGMT. CO., INC.
5295 TOWN CENTER RD #200
BOCA RATON FL 33486
US

3. Date Incorporated or Qualified 09/12/1991
3a. Date of Last Report 03/26/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-2138570 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ISAACSON, WILLIAM K.
5295 TOWN CENTER RD.
WILLIAM K. ISAACSON
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEARLSTINE, JULES	
STREET ADDRESS	2605 NW 63RD ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SINGER, HOWARD	
STREET ADDRESS	2690 NW 63RD ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CRAMER, SYDNEY	
STREET ADDRESS	2545 NW 63RD ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEVIN, HERBERT R	
STREET ADDRESS	2576 NW 63RD ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, LARRY	
STREET ADDRESS	2664 NW 63RD ST.	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pearlstone Jules	
1.3 STREET ADDRESS	2605 NW 63rd St	
1.4 CITY-ST-ZIP	Boca Raton FL 33496	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Singer Howard	
2.3 STREET ADDRESS	2690 NW 63 St	
2.4 CITY-ST-ZIP	Boca Raton FL 33496	
3.1 TITLE	Sec/Dire	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Seminara, Dominic	
3.3 STREET ADDRESS	2599 NW 63 ST	
3.4 CITY-ST-ZIP	Boca Raton FL 33496	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Levin, Herbert	
4.3 STREET ADDRESS	2576 NW 63 St	
4.4 CITY-ST-ZIP	Boca Raton FL 33496	
5.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Popper, Ilse	
5.3 STREET ADDRESS	2684 NW 63 St	
5.4 CITY-ST-ZIP	Boca Raton FL 33496	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: _____ DATE: 3/17/97 DAYTIME PHONE: 998 2411

CR2E037 (9/96)