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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45100

1. Corporation Name

FAIRWAY POINTE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

LANG MGMT. CO., INC.
5295 TOWN CENTER RD #200
BOCA RATON FL 33486
US

Mailing Address

LANG MGMT. CO., INC.
5295 TOWN CENTER RD #200
BOCA RATON FL 33486
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

09/12/1991

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

9. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K.
5295 TOWN CENTER RD.
WILLIAM K. ISAACSON STR 200
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

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 | D | <input checked="" type="checkbox"/> DELETE |
| NAME | PEARLSTINE, JULES | |
| STREET ADDRESS | 2605 NW 63RD ST. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | SINGER, HOWARD | |
| STREET ADDRESS | 2690 NW 63RD ST | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | SEMINARA, DOMINIC | |
| STREET ADDRESS | 2599 NW 63RD ST | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | LEVIN, HERBERT R | |
| STREET ADDRESS | 2576 NW 63RD ST. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | POPPER, ILSE | |
| STREET ADDRESS | 2684 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 | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SINGER, HOWARD | |
| 1.3 STREET ADDRESS | 2690 N.W. 63RD ST | |
| 1.4 CITY-ST-ZIP | BOCA RATON, FL 33496 | |
| 2.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | LEVIN, HERB | |
| 2.3 STREET ADDRESS | 2576 N.W. 63RD ST | |
| 2.4 CITY-ST-ZIP | BOCA RATON, FL 33496 | |
| 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | ROSENBERG, JOHN | |
| 3.3 STREET ADDRESS | 2533 N.W. 63RD ST | |
| 3.4 CITY-ST-ZIP | BOCA RATON, FL 33496 | |
| 4.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | BALTIMORE, TERRY | |
| 4.3 STREET ADDRESS | 2593 N.W. 63RD ST | |
| 4.4 CITY-ST-ZIP | BOCA RATON, FL 33496 | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | PEARLSTINE, JULES | |
| 5.3 STREET ADDRESS | 2605 N.W. 63RD 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/11/99 998-2411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)