

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N29047** (0)  
1. Corporation Name  
**FAIRWAY CLUB HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**3696 N.W. 83 LANE  
SUNRISE FL 33351**

Mailing Address  
**C/O GOLD COAST PROPERTY MGMT  
10001 W. OAKLAND PARK BLVD  
SUNRISE FL 33351  
US**

3. Date Incorporated or Qualified  
**10/28/1988**

3a. Date of Last Report  
**04/19/1995**

4. FEI Number  
**65-0088653**

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

2. Principal Place of Business  
**21**

Suite, Apt. #, etc.  
**22**

City & State  
**23**

Zip  
**24**

Country  
**25**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**27**

City & State  
**28**

Zip  
**29**

Country  
**30**

## 9. Name and Address of Current Registered Agent

**GOLD COAST PROPERTY MGMT  
10001 WEST OAKLAND PARK BLVD  
3RD FLOOR, SUITE 300  
SUNRISE FL 33351**

## 10. Name and Address of New Registered Agent

81 Name  
**ADVANCED ACCOUNTING PLUS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5440 N ST. RD SEVEN**

83  
**#214**

84 City  
**FORT LAUDERDAL**

FL **85** Zip Code  
**33319**

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 **W. J. J. J.**

**2-20-96**

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	YACKEL, PATTY	
STREET ADDRESS	3630 NW 83RD LANE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	PV	<input checked="" type="checkbox"/> DELETE
NAME	FELIX, JULIENNE	
STREET ADDRESS	3595 NW 83RD LANE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TOOMEY, DEBBIE	
STREET ADDRESS	3632 NW 83RD LANE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MIYAKAWA, LUIS	
STREET ADDRESS	3676 NW 83RD LANE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, MAUVA	
STREET ADDRESS	3687 NW 83RD LANE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOVAS, BRIDGETT	
STREET ADDRESS	3612 N.W. 83 LANE	
CITY-ST-ZIP	SUNRISE FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Debbie Toomey	
1.3 STREET ADDRESS	Kathy Gillock	
1.4 CITY-ST-ZIP	3694 NW 83 LN SUNRISE FL 33351	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stone, Joseph	
2.3 STREET ADDRESS	3658 NW 83 LN	
2.4 CITY-ST-ZIP	SUNRISE FL 33351	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Toomey Debbie	
3.3 STREET ADDRESS	3632 NW 83 LN	
3.4 CITY-ST-ZIP	SUNRISE FL	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tony DiMarco	
4.3 STREET ADDRESS	3649 NW 83 LN	
4.4 CITY-ST-ZIP	SUNRISE FL 33351	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Honey Simone	
5.3 STREET ADDRESS	3600 NW 83 LN	
5.4 CITY-ST-ZIP	SUNRISE FL 33351	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Debbie Toomey, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/96**

Date

**749-1931**

Daytime Phone #

CR2E037 (12/95)