

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745178

i. Entity Name

FAIRWAY PARK CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90086 049 ****61.25

Principal Place of Business

Mailing Address

5995 BANNOCK TERRACE
BOYNTON BEACH FL 33437

5995 BANNOCK TERRACE
BOYNTON BEACH FL 33437-1447

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2029736

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

JOE BARTLETT, PRES. CRYSTAL COMM MGMT INC
5995 BANNOCK TERRACE
BOYNTON BEACH FL 33437

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TD LOPEZ, MAURICE 5500 FAIRWAY PARK DR BOYNTON BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWITT, DANIEL 5500 FAIRWAY PARK DRIVE BOYNTON BEACH, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD GELLES, ARNOLD 5519 FAIRWAY PARK DRIVE BOYNTON BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, JONATHAN 5715 FAIRWAY PARK DRIVE BOYNTON BEACH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D GELLES, ELISE 5519 FAIRWAY PARK DRIVE BOYNTON BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOMITOR, ELLIOT 5600 FAIRWAY PARK DRIVE BOYNTON BEACH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SD LEWITT, HARRIET 5500 FAIRWAY PARK DR BOYNTON BCH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASSER, NORMA 5617 FAIRWAY PARK DRIVE BOYNTON BEACH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D SIEGEL, DANIEL 5640 FAIRWAY PARK DR. BOYNTON BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VTD MAHL, FRED 5603 FAIRWAY PARK DRIVE BOYNTON BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

Arnold Gelles, President 2/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)