

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90042 029 ****61.25

DOCUMENT # 745178

1. Entity Name

FAIRWAY PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5995 BANNOCK TERRACE
BOYNTON BEACH FL 33437****5995 BANNOCK TERRACE
BOYNTON BEACH FL 33437**

2. 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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **LOPEZ, MAURICE**
CITY-ST-ZIP **5500 FAIRWAY PARK DR
BOYNTON BCH FL**TITLE ☐ Change ☒ Addition
NAME **SD**
STREET ADDRESS **LYNCH, JONATHAN**
CITY-ST-ZIP **5715 FAIRWAY PARK DRIVE
BOYNTON BEACH, FL**TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **GELLES, ARNOLD**
CITY-ST-ZIP **5519 FAIRWAY PARK DRIVE
BOYNTON BCH FL**TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **KOMITOR, ELLIOT**
CITY-ST-ZIP **5600 FAIRWAY PARK DRIVE
BOYNTON BEACH, FL**TITLE ☒ Delete
NAME **D**
STREET ADDRESS **GELLES, ELISE**
CITY-ST-ZIP **5519 FAIRWAY PARK DRIVE
BOYNTON BCH FL**TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **GLASSER, NORMA**
CITY-ST-ZIP **5617 FAIRWAY PARK DRIVE
BOYNTON BEACH, FL**TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **LEWITT, DANIEL**
CITY-ST-ZIP **5500 FAIRWAY PARK DR
BOYNTON BCH FL**TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **GOLDNER, ALFRED**
CITY-ST-ZIP **5660 FAIRWAY PARK DRIVE
BOYNTON BEACH, FL**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SIEGEL, DANIEL**
CITY-ST-ZIP **5640 FAIRWAY PARK DR.
BOYNTON BEACH FL**TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **LORINTZ, NORMAN**
CITY-ST-ZIP **5690 FAIRWAY PARK DRIVE
BOYNTON BEACH, FL**TITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **MAHL, FRED**
CITY-ST-ZIP **5603 FAIRWAY PARK DRIVE
BOYNTON BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arnold Gelles, President 3/7/02

Date

Daytime Phone #

CR2E037 (9/01)