

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90249 021 ****61.25

DOCUMENT # 745178

1. Entity Name

FAIRWAY PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5995 BANNOCK TERRACE
BOYNTON BEACH FL 33437

Mailing Address

5995 BANNOCK TERRACE
BOYNTON BEACH FL 33437

34035630

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	AS SIMMONS, FRAN <input type="checkbox"/> Delete
STREET ADDRESS	5575 FAIRWAY PARK DRIVE
CITY - ST - ZIP	BOYNTON BEACH FL 33437
TITLE NAME	PD GELLES, ARNOLD <input type="checkbox"/> Delete
STREET ADDRESS	5519 FAIRWAY PARK DRIVE
CITY - ST - ZIP	BOYNTON BCH FL
TITLE NAME	SD LYNCH, JONATHAN <input type="checkbox"/> Delete
STREET ADDRESS	5715 FAIRWAY PARK DRIVE
CITY - ST - ZIP	BOYNTON BCH FL
TITLE NAME	D KOMITOR, ELLIOT <input checked="" type="checkbox"/> Delete
STREET ADDRESS	5600 FAIRWAY PARK DRIVE
CITY - ST - ZIP	BOYNTON BCH FL
TITLE NAME	D SIEGEL, DANIEL <input type="checkbox"/> Delete
STREET ADDRESS	5640 FAIRWAY PARK DR.
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE NAME	VTD MAHL, FRED <input type="checkbox"/> Delete
STREET ADDRESS	5603 FAIRWAY PARK DRIVE
CITY - ST - ZIP	BOYNTON BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D GLASSER, NORMA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5617 FAIRWAY PARK DRIVE
CITY - ST - ZIP	BOYNTON BEACH, FL 33437
TITLE NAME	D LORINTZ, NORMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5690 FAIRWAY PARK DRIVE
CITY - ST - ZIP	BOYNTON BEACH, FL 33437
TITLE NAME	D STRAUS, ROBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5701 FAIRWAY PARK DRIVE
CITY - ST - ZIP	BOYNTON BEACH, FL 33437
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-04