

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90025 040 ****61.25

DOCUMENT # N29047

1. Entity Name
FAIRWAY CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**10034 W. MCNABRY
FORT LAUDERDALE, FL 33321 US**

Mailing Address
**10034 W. MCNABRY
FORT LAUDERDALE, FL 33321 US**

40062000



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03172008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0088653

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BERRIO, ANDRES
101 N. PINE ISLAND RD
SUITE 201
PLANTATION, FL 33324**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEFORT, YVES 3676 NW 83 LANE SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSHUA LINGER FELT <input type="checkbox"/> Change <input type="checkbox"/> Addition 3668 NW 83 LN SUNRISE FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORMAN, DANIEL 3594 NW 83 LANE SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLGA MOSCOSO <input type="checkbox"/> Change <input type="checkbox"/> Addition 3608 NW 83 LN SUNRISE FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACOBS, RANDI 3637 NW 83 LANE SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARLENE GERAIN <input type="checkbox"/> Change <input type="checkbox"/> Addition 3682 NW 83 LN SUNRISE FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUSSAIN, TAHIER 3630 NW 83RD LN SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEL KATHY GILLOCK <input type="checkbox"/> Change <input type="checkbox"/> Addition 3696 NW 83 LN SUNRISE FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEYTON, DIEGO 3641 NW 83RD LN SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEREK PYLEY <input type="checkbox"/> Change <input type="checkbox"/> Addition 3674 NW 83 LN SUNRISE FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GIRAO, CECILIA 3647 NW 83RD LN SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 9/40 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #