

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756682

FILED
Apr 02, 2009
Secretary of State

Entity Name: FAIRWAY OAKS AT BOCA WEST PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

21045 COMMERCIAL TRL
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

21045 COMMERCIAL TRL
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 59-2117340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAM K. ISAACSON,
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

WILLIAM, ISAACSON K AGENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

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: WILLIAM K. ISAACSON

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEVY, ROBERT M
Address: 20124 NORTHCOTE DR
City-St-Zip: BOCA RATON, FL 33434

Title: PD () Delete
Name: LEVINE, MARVIN
Address: 20172 NORTHCOTE DR
City-St-Zip: BOCA RATON, FL 33434

Title: TD () Delete
Name: SEIFF, LESLIE
Address: 7154 MELBOURN LANE
City-St-Zip: BOCA RATON, FL 33434

Title: SD () Delete
Name: COHEN, IRVING
Address: 20124 NORTHCOTE DR
City-St-Zip: BOCA RATON, FL 33434

Title: VD () Delete
Name: BERTOLA, PAUL
Address: 20185 FAIRFAX DR.
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN LEVINE

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date