

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90242 026 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N29047

1. Entity Name
FAIRWAY CLUB HOMEOWNERS ASSOCIATION, INC.



90123524

Principal Place of Business
3698 N.W. 83 LANE
SUNRISE, FL 33351

Mailing Address
3698 NW 83 LANE
SUNRISE, FL 33351 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

85-0088653

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

NACHMAN, IRVIN W
4441 STIRLING RD
FORT LAUDERDALE, FL 33314

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

4-28-03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

VEGA, CARLOS

3634 NW 83 LN

SUNRISE, FL 33361

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

DELOADA, PETER

2692 NW 813 LANE

SUNRISE, FL 33361

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

COSSICK, DAWN

3643 NW 83 LANE

SUNRISE, FL 33361

TITLE

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STREET ADDRESS

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, trustee or 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]

SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR

4-28-03

DATE

954-572-7936

OFFICE PHONE #

032E037 (1/02)