

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712930

**FILED**  
**Mar 17, 2020**  
**Secretary of State**  
**0133547051CC**

**Entity Name:** THE FAIRWAYS APARTMENTS, INC.

**Current Principal Place of Business:**

400-500 N E 14TH AVE  
APT. 513  
HALLANDALE, FL 33009

**Current Mailing Address:**

400-500 N E 14TH AVE  
APT. 513  
HALLANDALE, FL 33009 US

**FEI Number:** 59-1216928

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LATENDRESSE, PAUL PRESIDENT  
400-500 N E 14TH AVE  
APT. 513  
HALLANDALE, FL 33009 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:** PAUL LATENDRESSE

03/17/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LATENDRESSE, PAUL  
Address        400-500 N E 14TH AVE  
                  APT. 513  
City-State-Zip: HALLANDALE FL 33009

Title           VP  
Name           BOMBARDIER, SERGE  
Address        400-500 N E 14TH AVE  
                  APT. 513  
City-State-Zip: HALLANDALE FL 33009

Title           PRESIDENT  
Name           LATENDRESSE, PAUL  
Address        400-500 N E 14TH AVE  
                  APT. 513  
City-State-Zip: HALLANDALE FL 33009

Title           SECRETARY  
Name           BEAUDOIN, DENISE  
Address        400-500 N E 14TH AVE  
                  APT. 513  
City-State-Zip: HALLANDALE FL 33009

Title           DIRECTOR  
Name           BOLDUC, CLAUDE  
Address        400-500 N E 14TH AVE  
                  APT. 513  
City-State-Zip: HALLANDALE FL 33009

Title           DIRECTOR  
Name           RONEN, LEA  
Address        400-500 N E 14TH AVE  
                  APT. 513  
City-State-Zip: HALLANDALE FL 33009

Title           DIRECTOR  
Name           PARADIS, MARCEL  
Address        400-500 N E 14TH AVE  
                  APT. 513  
City-State-Zip: HALLANDALE FL 33009

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAUL LATENDRESSE

**PRESIDENT**

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date