

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712942

Entity Name: THE FAIRWAYS SOUTH, INC.**Current Principal Place of Business:**200 N E 14 AVE
HALLANDALE BEACH, FL 33009**Current Mailing Address:**200 N E 14 AVE
HALLANDALE BEACH, FL 33009 US**FEI Number:** 59-1236701**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAPALME, MICHEL PRES
300 NE 14TH AVENUE
#301
HALLANDALE BEACH, 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name LAPALME, MICHEL
Address 300 NE 14TH AVE
APT 301
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name GABIAS, MAURICE
Address 300 NE 14TH AVE
APT 510
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name BOUTILLETTE, NORMAN
Address 300 NE 14TH AVENUE
APT 302
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP
Name MELOCHE, DANIEL
Address 200 NE 14TH AVENUE
APT 324
City-State-Zip: HALLANDALE BEACH FL 33009

Title TREASURER
Name BRUN, PHILIPPE
Address 200 NE 14TH AVENUE
APT 125
City-State-Zip: HALLANDALE BEACH FL 33009

Title SECRETARY
Name SILVERSTEIN, LISA
Address 200 NE 14TH AVE
APT 222
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name LAPIERRE, ANDRE
Address 200 NE 14TH AVENUE
APT 418
City-State-Zip: HALLANDALE BEACH 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: MICHEL LAPALME

PRES

02/28/2019

Electronic Signature of Signing Officer/Director Detail

Date