2020 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

FILED Feb 25, 2020

Secretary of State

6276752777CC

Officer/Director Detail:

PRES Title Title **TREASURER**

Name LAPALME, MICHEL Name BOUTILLETTE, NORMAN

Address 300 NE 14TH AVE Address 300 NE 14TH AVENUE

APT 301 APT 302

HALLANDALE BEACH FL 33009 HALLANDALE BEACH FL 33009 City-State-Zip: City-State-Zip:

DIRECTOR SECRETARY Title Title

GABIAS, MAURICE Name SILVERSTEIN, LISA Name

Address 300 NE 14TH AVE Address 200 NE 14TH AVE

> **APT 510 APT 222**

HALLANDALE BEACH FL 33009 HALLANDALE BEACH FL 33009 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

ODENWELDER, KENT LAPIERRE, ANDRE Name Name

Address 300 NE 14TH AVENUE Address 200 NE 14TH AVENUE

> **APT 302 APT 418**

HALLANDALE BEACH FL 33009 HALLANDALE BEACH FL 33009 City-State-Zip: City-State-Zip:

Title VΡ

MELOCHE, DANIEL Name Address 200 NE 14TH AVENUE

APT 324

HALLANDALE BEACH FL 33009 City-State-Zip:

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.

02/25/2020 SIGNATURE: MICHEL LAPALME **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date