

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719056

**Entity Name:** FAIRWAYS RIVIERA NORTH ASSOCIATION, INC.

**Current Principal Place of Business:**

400 DIPLOMAT PARKWAY  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

400 DIPLOMAT PARKWAY  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 59-1314609

**Certificate of Status Desired:** No

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

SCHNEE, NORMAN  
400 DIPLOMAT PARKWAY  
502  
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:** NORMAN SCHNEE

04/16/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           SCATCHELL, JOHN  
Address        400 DIPLOMAT PKWY  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           DIRECTOR  
Name           ORTEGA, JOSE  
Address        400 DIPLOMAT PKWY  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           TREASURER  
Name           FIDLER, SVITLANA  
Address        400 DIPLOMAT PKWY  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           SECRETARY  
Name           KRASNOW, GAIL  
Address        400 DIPLOMAT PKWY  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           VP  
Name           GERSKUP, ALLAN  
Address        400 DIPLOMAT PKWY  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           DIRECTOR  
Name           IVNITSKI, DIMITRI  
Address        400 DIPLOMAT PKWY  
City-State-Zip: HALLANDALE BEACH FL 33009

Title           DIRECTOR  
Name           FORD, KATHY  
Address        400 DIPLOMAT PKWY  
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:** JOHN SCATCHELL

PRESIDENT

04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date