

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

DOCUMENT# 719056

**FILED**  
**Mar 05, 2020**  
**Secretary of State**  
**0904264523CC**

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

**Current Principal Place of Business:**

400 DIPLOMAT PARKWAY  
#214  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

400 DIPLOMAT PARKWAY #214  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 59-1314609

**Certificate of Status Desired:** No

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

SCATCHELL, JOHN  
400 DIPLOMAT PARKWAY  
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

03/05/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

Title           DIRECTOR  
Name           FERNANDEZ, HECTOR  
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:** NORMAN SCHEE

**PRESIDENT**

03/05/2020

Electronic Signature of Signing Officer/Director Detail

Date