

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

DOCUMENT# 745178

**Entity Name:** FAIRWAY PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5995 BANNOCK TERRACE  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

5995 BANNOCK TERRACE  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 59-2029736

**Certificate of Status Desired:** No

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

MARTIN, VICTORIA  
5995 BANNOCK TERRACE  
BOYNTON BEACH, FL 33437 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            PRESIDENT  
Name            FAVICCHIA, ANTHONY  
Address        5550 FAIRWAY PARK DR #201  
City-State-Zip: BOYNTON BEACH FL 33437

Title            S  
Name            STRAUS, SHIRLEY  
Address        5617 FAIRWAY PARK DR #104  
City-State-Zip: BOYNTON BEACH FL 33437

Title            DIRECTOR  
Name            HERRING, PATRICIA  
Address        5743 FAIRWAY PARK DRIVE #104  
City-State-Zip: BOYNTON BEACH FL 33437

Title            VP  
Name            LANDY, ARNOLD  
Address        5750 FAIRWAY PARK COURT #201  
City-State-Zip: BOYNTON BEACH FL 33437

Title            DIRECTOR  
Name            PAPPALARDI, ERIC  
Address        5757 FAIRWAY PARK COURT  
                  #204  
City-State-Zip: BOYNTON BEACH FL 33437

Title            DIRECTOR  
Name            LONDNER, HOWARD  
Address        5533 FAIRWAY PARK DRIVE #204  
City-State-Zip: BOYNTON BEACH FL 33437

Title            TREASURER  
Name            BERLIN, JORDAN  
Address        5603 FAIRWAY PARK DRIVE #102  
City-State-Zip: BOYNTON BEACH FL 33437

*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:** ANTHONY FAVICCHIA

**PRESIDENT**

**02/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date