

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39683

**FILED**  
**Apr 16, 2018**  
**Secretary of State**  
**CC7911756312**

**Entity Name:** THE FAIRWAYS AT SOMERSET CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

400 SOUTH DIXIE HIGHWAY  
SUITE 420  
BOCA RATON, FL 33432

**Current Mailing Address:**

C/O ASSOCIATED PROPERTY MANAGEMENT  
8135 LAKE WORTH RD., SUITE B  
LAKE WORTH, FL 33467 US

**FEI Number: 65-0220366**

**Certificate of Status Desired: No**

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

BACKER ABOUD POLIAKOFF & FOELSTER  
400 SOUTH DIXIE HIGHWAY  
SUITE 420  
BOCA RATON, FL 33432 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: BACKER**

**04/16/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            COHEN, JACQUELINE  
Address        8135 LAKE WORTH RD.,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            VP  
Name            HARRISON, JEFFREY  
Address        8135 LAKE WORTH RD.,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY  
Name            JEZIERNY, JOHN  
Address        8135 LAKE WORTH RD.,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            MAKOWICZ, ROMAN  
Address        8135 LAKE WORTH RD.,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            SIMMONS, PAT  
Address        8135 LAKE WORTH RD,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

*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: JACQUELINE COHEN**

**PRESIDENT**

**04/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date