

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712930

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** THE FAIRWAYS APARTMENTS, INC.

**Current Principal Place of Business:**

400-500 N E 14TH AVE  
APT. 513  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

400-500 N E 14TH AVE  
APT. 513  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 59-1222634

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDWARDS, COLIN  
400 NE 14TH AVE  
HALLANDALE, FL 33009 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: EDWARD, COLIN  
Address: 500 NE 14TH AVE  
City-St-Zip: HALLANDALE, FL 33009

Title: VP  
Name: BAYE, CLAYTON  
Address: 400 NE 14TH AVE  
City-St-Zip: HALLANDALE, FL 33009

Title: DT  
Name: MENARD, GASTON  
Address: 400 NE 14TH AVE  
City-St-Zip: HALLANDALE, FL 33009

Title: TD  
Name: CERABONE, LINDA  
Address: 500 NE 14TH AVE.  
City-St-Zip: HALLANDALE, FL 33009

Title: D  
Name: PEPIN, JEAN PIERRE  
Address: 500 NE 14TH AVE  
City-St-Zip: HALLANDALE, FL 33009

Title: SD  
Name: SLAN, HARRY  
Address: 400 NE 14TH AVE #223  
City-St-Zip: HALLANDALE, 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: LINDA CERABONE

ASST

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date