

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90071 031 ****61.25

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01222007 Chg-NP CR2E037 (12/06)

DOCUMENT # 712940 1. Entity Name THE FAIRWAYS NORTH, INC.					
Principal Place of Business 600 NE 14 AVE HALLANDALE, FL 33009			Mailing Address 600 NE 14 AVE HALLANDALE, FL 33009		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1222634	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CSABA, KULIN 600 NE 14 AVE APT 221 HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				DATE	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUSTYLNK, IGOR 700 NE 14 AVE 301 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBBRY, MICHAEL 600 NE 14TH AVE #514 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESROSIERS, MAURICE 600 NE 14 AVENUE # 515 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALLEN ZACK #411 700 NE 14 AVE HALLANDALE, FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRANDT, JEFFREY 700 NE 14 AVE 305 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Andres Rasch 700 NE 14 AVE #208 HALLANDALE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIFULCO, EUGENE 700 NE 14TH AVE #416 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOGLIA, BARBARA 700 NE 14 AVENUE # 409 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 1/25/07 Daytime Phone #: 954-458-0060					