

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712940

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: THE FAIRWAYS NORTH, INC.

## Current Principal Place of Business:

600 NE 14 AVE  
HALLANDALE, FL 33009

## New Principal Place of Business:

600 - 700 NE 14 AVE  
HALLANDALE, FL 33009

## Current Mailing Address:

600 NE 14 AVE  
HALLANDALE, FL 33009

## New Mailing Address:

600 - 700 NE 14 AVE  
HALLANDALE, FL 33009

FEI Number: 59-1222634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CSABA, KULIN  
600 NE 14 AVE  
APT 221  
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: D ( ) Delete  
Name: PUSTYLNIAK, IGOR  
Address: 700 NE 14 AVE 301  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: ALLEN, ZACK  
Address: 700 NE 14 AVENUE # 208  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: RASCH, ANDRES  
Address: 700 NE 14 AVE # 208  
City-St-Zip: HALLANDALE, FL 33009

Title: VPD ( ) Delete  
Name: BRANDT, JEFFREY  
Address: 700 NE 14 AVE 305  
City-St-Zip: HALLANDALE, FL 33009

Title: T ( ) Delete  
Name: BIFULCO, EUGENE  
Address: 700 NE 14TH AVE #416  
City-St-Zip: HALLANDALE, FL 33009

Title: SD ( ) Delete  
Name: FOGLIA, BARBARA  
Address: 700 NE 14 AVENUE # 409  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CARLINO, JOE  
Address: 600 NE 14 AVE # 208  
City-St-Zip: HALLANDALE, FL 33009

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA FOGLIA

SECY

04/22/2009

Electronic Signature of Signing Officer or Director

Date