

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **719055 (4)**
1. Corporation Name
FAIRWAYS RIVIERA ASSOCIATION, INC.

Principal Place of Business Mailing Address
250 Diplomat Pkwy. Hallandale, FL 33009 **250 Diplomat Pkwy. Hallandale, FL 33009**

2. Principal Place of Business 2a. Mailing Address
21 **250 Diplomat Pkwy.** 26 **250 Diplomat Pkwy.**
State, Apt. #, etc. State, Apt. #, etc.
22 City & State 27 City & State
23 **Hallandale FL** 28 **Hallandale, FL**
City Country City Country
24 **33009** 25 **USA** 29 **33009** 30 **USA**

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3. Date Incorporated or Qualified 3a. Date of Last Report
1970
4. FEI Number Applied For
59-1288193 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
81 Name **John Matthews**
82 Street Address (P.O. Box Number is Not Acceptable) **1007 N. 16th Ct.**
83
84 City **Hallandale, FL** 85 Zip Code **33009**

11. Pursuant to the provisions of Sections 607, 608, and 609, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607, Florida Statutes.
SIGNATURE: *John Matthews* DATE: *July 7, 1995*

12. OFFICERS AND DIRECTORS IN 1995

TITLE	PRESIDENT
NAME	Lowell Weinerman
STREET ADDRESS	200 Diplomat Pkwy. #631
CITY, ST, ZIP	Hallandale, FL 33009
TITLE	VICE PRESIDENT
NAME	Yvette Fields
STREET ADDRESS	300 Diplomat Pkwy. #416
CITY, ST, ZIP	Hallandale, FL 33009
TITLE	SECRETARY
NAME	Henry Klee
STREET ADDRESS	300 Diplomat Pkwy. #614
CITY, ST, ZIP	Hallandale, FL 33009
TITLE	TREASURER
NAME	Norman Couf
STREET ADDRESS	300 Diplomat Pkwy. #315
CITY, ST, ZIP	Hallandale, FL 33009
NAME	Harry Ziff
STREET ADDRESS	300 Diplomat Pkwy. 417
CITY, ST, ZIP	Hallandale, FL 33009
NAME	Selma Gelb
STREET ADDRESS	200 Diplomat Pkwy. #634
CITY, ST, ZIP	Hallandale, FL 33009

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Mildred Gerstein
13 STREET ADDRESS	200 Diplomat Pkwy. #633
14 CITY, ST, ZIP	Hallandale, FL 33009
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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, a director of the corporation or the receiver or the other empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.
SIGNATURE: *Lowell Weinerman* 7-7-95 307-487-8348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR