

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 719055 (6)**

1. Corporation Name  
**FAIRWAYS RIVIERA ASSOCIATION, INC.**



Principal Place of Business: **250 DIPLOMAT PARKWAY HALLANDALE FL 33009**  
Mailing Address: **250 DIPLOMAT PARKWAY HALLANDALE FL 33009**

3. Date Incorporated or Qualified: **02/25/1970**  
3a. Date of Last Report: **07/24/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-1288193</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
						<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	Country		Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24		29				

**9. Name and Address of Current Registered Agent**

**JOHN MATTHEWS  
1007 N. 16TH CT.  
HALLANDALE FL 33009**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>LOWELL WEINERMAN</b> 200 DIPLOMAT PKWY #631 HALLANDALE FL 33009	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Lowell Weinerman</i>	12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VPD <b>YVETTE FIELDS</b> 300 DIPLOMAT PKWY. HALLANDALE FL 33009	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Yvette Fields</i>	22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	SD <b>KLEE, HENRY</b> 300 DIPLOMAT #614 HALLANDALE FL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Henry Klee</i>	32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	T <b>NORMAN COUF</b> 300 DIPLOMAT PKWY 315 HALLANDALE FL 33009	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Norman Couf</i>	42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lowell Weinerman*  
LOWELL WEINERMAN

1-24-96 301-457-5348

CR2E037 (12/95)