


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90021 014 ****61.25

DOCUMENT # 719055					
1. Entity Name FAIRWAYS RIVIERA ASSOCIATION, INC.					
Principal Place of Business 250 DIPLOMAT PARKWAY HALLANDALE, FL 33009			Mailing Address 250 DIPLOMAT PARKWAY HALLANDALE, FL 33009		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOLINER, LISA ANNE 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	PD WEINERMAN, LOWELL 250 DIPLOMAT PARKWAY HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Elyse Connery 200 Diplomat Pkwy #82C Hallandale, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIELDS, YVETTE 250 DIPLOMAT PARKWAY, #416 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Yvette Fields	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIFF, HENRY 250 DIPLOMAT PARKWAY HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Burt Lipoff 300 Diplomat Pkwy # 310	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Weinerman, Lowell 200 Diplomat Pkwy #631	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: <u>Elyse Connery</u>			Date: <u>3/11/04</u> Daytime Phone #: <u>(954) 459-8348</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					