


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # 719055 1. Entity Name FAIRWAYS RIVIERA ASSOCIATION, INC.	
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Principal Place of Business 250 DIPLOMAT PARKWAY HALLANDALE, FL 33009	Mailing Address 250 DIPLOMAT PARKWAY HALLANDALE, FL 33009
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-1288193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BECKER & POLIAKOFF 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000783862
01/16/08-80031-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNERY, ELYSE 200 DIPLOMAT PKWY., #826 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIELDS, YVETTE 250 DIPLOMAT PARKWAY, #416 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUNNINGHAM, AL 300 DIPLOMAT PKWY. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEINERMAN, LOWELL 200 DIPLOMAT PKWY., #631 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Elyse Connery</u> Elyse Connery	1/7/08	(954)457-8348
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>