

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719055

FILED
Feb 23, 2009
Secretary of State

Entity Name: FAIRWAYS RIVIERA ASSOCIATION, INC.

Current Principal Place of Business:

250 DIPLOMAT PARKWAY
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

250 DIPLOMAT PARKWAY
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 59-1288193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF
3111 STIRLING ROAD
FT. LAUDERDALE, FL 33312 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: PD () Delete
Name: CONNERY, ELYSE
Address: 200 DIPLOMAT PKWY., #826
City-St-Zip: HALLANDALE, FL 33009

Title: SD () Delete
Name: FIELDS, YVETTE
Address: 250 DIPLOMAT PARKWAY, #416
City-St-Zip: HALLANDALE, FL 33009

Title: VD () Delete
Name: CUNNINGHAM, AL
Address: 300 DIPLOMAT PKWY.
City-St-Zip: HALLANDALE, FL 33009

Title: TD () Delete
Name: WEINERMAN, LOWELL
Address: 200 DIPLOMAT PKWY., #631
City-St-Zip: HALLANDALE, FL 33009

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: BALLARIN, MARCO
Address: 200 DIPLOMAT PKWY #834
City-St-Zip: HALLANDALE, FL 33009

Title: D () Change (X) Addition
Name: FINELLO, DWAYNE
Address: 300 DIPLOMAT PKWY #206
City-St-Zip: HALLANDALE, FL 33009

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: ELYSE CONNERY

P

02/23/2009

Electronic Signature of Signing Officer or Director

Date