

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 738976 (0)  
1. Corporation Name  
**THE FAIRWAYS OF BOCA LAGO CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 9039 VISTA DEL LAGO BOCA RATON FL 33428  
Mailing Address: 9039 VISTA DEL LAGO BOCA RATON FL 33428

3. Date Incorporated or Qualified: 05/09/1977  
3a. Date of Last Report: 04/20/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1849337	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KALISH, LESTER C/O BOCA LAGO MANAGEMENT 9039 VISTA DEL LAGO BOCA RATON FL 33428				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAMUTH, SOL	12 NAME	
STREET ADDRESS	8535 CASA DEL LAGO	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKLER, LILLIAN	22 NAME	
STREET ADDRESS	8305 CASA DEL LAGO #38	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALISH, LESTER	32 NAME	
STREET ADDRESS	21213 LAGO CIR #10I	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALDMANN, JULIAN	42 NAME	S HARRIET ROSEN
STREET ADDRESS	8545 CASA DEL LAGO	43 STREET ADDRESS	8460 CASA DEL LAGO #25F
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	BOCA RATON, FL
TITLE	S <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD KANOFSKY	52 NAME	D WEISS, GERALD
STREET ADDRESS	8435 CASA DEL LAGO	53 STREET ADDRESS	8410 CASA DEL LAGO #20L
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	BOCA RATON, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANDELSMAN, RHODA	62 NAME	D ALPERT, EUGENE
STREET ADDRESS	21219 LAGO CIR #5C	63 STREET ADDRESS	8566 CASA DEL LAGO #47D
CITY-ST-ZIP	BOCA RATON FL	64 CITY-ST-ZIP	BOCA RATON, FL

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: *SOL MALAMUTH* SOL MALAMUTH 4/23/96 483-4000 (407)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)