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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90236 029 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 738976**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

05/09/1977

4. FEI Number

59-1849337

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

MALAMUTH, SOL  
 C/O BOCA LAGO MANAGEMENT  
 9039 VISTA DEL LAGO  
 BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name **SILBERMAN, ELAINE**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**20 BOCA LAGO MANAGEMENT**  
 83 **9039 VISTA DEL LAGO**  
 84 City **BOCA RATON** 85 Zip Code **FL 33428**

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

*Elaine Silberman*

DATE

4/22/99

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MALAMUTH, SOL	
STREET ADDRESS	8535 CASA DEL LAGO	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WINKLER, LILLIAN	
STREET ADDRESS	8305 CASA DEL LAGO #38	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FLANZENBAUM, ARNOLD	
STREET ADDRESS	8510 CASA DEL LAGO, 51B	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SILBERMAN, ELAINE	
STREET ADDRESS	8410 CASA DE LAGO, 20G	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHACHER, GILBERT	
STREET ADDRESS	8409 CASA DEL LAGO, #178	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHBEIN, RICHARD	
STREET ADDRESS	8521 CASA DEL LAGO, 34B	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WEINER, IRWIN	
1.3 STREET ADDRESS	8425 CASA DEL LAGO #21F	
1.4 CITY-ST-ZIP	BOCA RATON FL	
2.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

*Elaine Silberman* ELAINE SILBERMAN 4/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561/583-4000

CR2E037 (11/98)