

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

0051483

05-02-2001 90138 046 ****61.25

DOCUMENT # 738976

1. Entity Name

THE FAIRWAYS OF BOCA LAGO CONDOMINIUM ASSOCIATIO

Principal Place of Business

Mailing Address

9039 VISTA DEL LAGO
 BOCA RATON FL 33428
 US

9039 VISTA DEL LAGO
 BOCA RATON FL 33428
 US

044114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1849337

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILBERMAN, ELAINE
 C/O BOCA LAGO MANAGEMENT
 9039 VISTA DEL LAGO
 BOCA RATON FL 33428

Name: **FLANZENBAUM, ARNOLD**
 Street Address (P.O. Box Number is Not Acceptable):
C/O BOCA LAGO MANAGEMENT
9039 VISTA DEL LAGO
 City: **BOCA RATON** FL Zip Code: **33428**

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.

SIGNATURE: **ARNOLD FLANZENBAUM, PRES.** DATE: **4/25/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	WEINER, IRWIN	
STREET ADDRESS	8425 CASA DEL LAGO, #21-F	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WINKLER, LILLIAN	
STREET ADDRESS	8305 CASA DEL LAGO #38	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLANZENBAUM, ARNOLD	
STREET ADDRESS	8510 CASA DEL LAGO, 51B	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input checked="" 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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINKER, MORTON	
STREET ADDRESS	8305 CASA DEL LAGO #38	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **ARNOLD FLANZENBAUM** DATE: **4/25/01** DAYTIME PHONE #: **483-4000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)