


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90167 010 \*\*\*\*61.25

<b>DOCUMENT # 745178</b> 1. Entity Name <b>FAIRWAY PARK CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437</b>			Mailing Address <b>5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2029736</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JOE BARTLETT, PRES. CRYSTAL COMM MGMT INC 5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SIMMONS, FRAN 5575 FAIRWAY PARK DRIVE BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD STRAUS, ROBERT 5701 FAIRWAY PARK DR. #104 BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GELLES, ARNOLD 5519 FAIRWAY PARK DRIVE BOYNTON BCH, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRAZIANO, ANTHONY 5560 FAIRWAY PARK DR. #104 BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LYNCH, JONATHAN 5715 FAIRWAY PARK DRIVE BOYNTON BCH, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LYNCH, JONATHAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GLASSER, NORMA 5617 FAIRWAY PARK DR. BOYNTON BEACH, FL 33437</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PHILIPS, IRVING 5631 FAIRWAY PARK DR. #202 BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SIEGEL, DANIEL 5640 FAIRWAY PARK DR. BOYNTON BEACH, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LORINTZ, NORMAN 5690 FAIRWAY PARK DR. #201 BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD MAHL, FRED 5603 FAIRWAY PARK DRIVE BOYNTON BEACH, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 another like empowered.					
<b>SIGNATURE:</b> <u>Arnold Gelles 3/1/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50047491



02232005 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

FL

Zip Code