


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90027 001 ****61.25

DOCUMENT # 745178 1. Entity Name FAIRWAY PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437			Mailing Address 5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2029736	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'CONNELL, EDWARD PRES CRYSTAL COMM. MGMT., INC. 5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIMMONS, FRAN 5575 FAIRWAY PARK DRIVE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMMONS, FRAN 5575 FAIRWAY PARK DR. #103 BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GELLES, ARNOLD 5519 FAIRWAY PARK DRIVE BOYNTON BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAZIANO, ANTHONY 5560 FAIRWAY PARK DR #104 BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRAUS, ROBERT 5701 FAIRWAY PARK DR., #104 BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. STRAUS, ROBERT 5701 FAIRWAY PARK DR. #104 BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIPS, IRVING 5631 FAIRWAY PARK DRIVE, #202 BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDY, ARNOLD 5750 FAIRWAY PARK CT. #201 BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APTER, ADELE 5674 FAIRWAY PARK DR #104 BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORINTZ, NORMAN 5690 FAIRWAY PARK DR. #201 BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MAHL, FRED 5603 FAIRWAY PARK DRIVE BOYNTON BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAHL, FRED 5603 FAIRWAY PARK DR. #105 BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Arnold Gelles</i>			3/31/08 (56) 734-8005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ARNOLD GELLES, PRESIDENT			Date Daytime Phone #		