

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90010 049 ****61.25

DOCUMENT # 748911

1. Entity Name
**FAIRWAY CLUB PROPERTY OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**3900 WOODLAKE BLVD
SUITE 201
LAKE WORTH, FL 33463 US**

Mailing Address
**G.K.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD, STE 201
LAKE WORTH, FL 33463 US**

40040070



03032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0159211

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CANTOR, GLORIA
4725 LUCERNE LAKES BLVD
#302
LAKE WORTH, FL 33467**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	GENNATT, ADRIENNE
STREET ADDRESS	4723 LUCERNE LAKES BLVD 642
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	TD
NAME	SHERMAN, DOTTIE
STREET ADDRESS	4735 LUCERNE LAKES BLVD 210
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	P
NAME	CANTOR, GLORIA
STREET ADDRESS	4725 LUCERNE LAKES BLVD #302
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	GOLDSTEIN, HARVEY
STREET ADDRESS	4734 LUCERNE LAKES BLVD #110
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	EMANUEL, TONY
STREET ADDRESS	4745 LUCERNE LKS BLVD, # 102
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	SD
NAME	ROSS, WILLIAM
STREET ADDRESS	4725 LUCERNE LAKES BLVD 409
CITY-ST-ZIP	LAKE WORTH, FL 33467

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IN THIS SPACE**

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:

Gloria Cantor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #