

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **750558** (9)

1. Corporation Name

VILLAGE OF FAIRWAY OAKS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O LANG MANAGEMENT CO INC
5295 TOWN CENTER RD #200
BOCA RATON FL 33486

C/O LANG MANAGEMENT CO INC
5295 TOWN CENTER RD #200
BOCA RATON FL 33486

3. Date Incorporated or Qualified
01/10/1980

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

59-2117340

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACSON, WILLIAM K.
5295 TOWN CENTER RD #200
BOCA RATON FL 33486

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME LAMPERT, JERRY
STREET ADDRESS 20131 FAIRFAX DRIVE
CITY-ST-ZIP BOCA RATON, FL 00000 ☐ DELETE

TITLE PD
NAME BERTOLA, INGNATIUS
STREET ADDRESS 20158 FAIRFAX DR.
CITY-ST-ZIP BOCA RATON, FL 00000 ☐ DELETE

TITLE TD
NAME LIPSITZ, BERNARD
STREET ADDRESS 20160 NORTHCOTE DRIVE
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

TITLE D
NAME LEVIN, JACK
STREET ADDRESS 47 STANLEY RD.
CITY-ST-ZIP SWAPSCOTT MA ☒ DELETE

TITLE SD
NAME ALLEN, LEE
STREET ADDRESS 20149 FAIRFAX DRIVE
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TD
3.2 NAME George F. Jaeger
3.3 STREET ADDRESS 20100 Northcote Dr.
3.4 CITY-ST-ZIP Boca Raton, FL 33434 ☐ Change ☒ Addition

4.1 TITLE SD
4.2 NAME Gloria Brody
4.3 STREET ADDRESS 20167 Fairfax Dr.
4.4 CITY-ST-ZIP Boca Raton, FL 33434 ☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME Stewart Dickler
5.3 STREET ADDRESS 20160 Northcote Dr.
5.4 CITY-ST-ZIP Boca Raton, FL 33434 ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

BIL DEL \$61.25

3/20/96

7/20/96