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Mar 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33486C/O LANG MANAGEMENT CO INC
5295 TOWN CENTER RD #200
BOCA RATON FL 33486-10883. Date Incorporated or Qualified
01/10/19803a. Date of Last Report
05/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number
59-2117340Applied For
Not Applicable5. 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)

83

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETEVP D
NAME LAMPERT, JERRY
STREET ADDRESS 20131 FAIRFAX DRIVE
CITY-ST-ZIP BOCA RATON, FL 00000TITLE ☐ DELETEPD D
NAME BERTOLA, INGNATIUS
STREET ADDRESS 20158 FAIRFAX DR.
CITY-ST-ZIP BOCA RATON, FL 00000TITLE ☐ DELETETD D
NAME JAEGER, GEORGE F
STREET ADDRESS 20100 NORTHCOTE DR.
CITY-ST-ZIP BOCA RATON FL 33434TITLE ☐ DELETESD D
NAME BRODY, GLORIA
STREET ADDRESS 20167 FAIRFAX DR.
CITY-ST-ZIP BOCA RATON FL 33434TITLE ☒ DELETED
NAME STEWART, DICKLER
STREET ADDRESS 20160 NORTHCOTE DR.
CITY-ST-ZIP BOCA RATON FL 33434TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D Lee Allen
20149 Fairfax Dr.
Boca Raton, Fl. 33434

14. I do 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 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 # 0045017

CR2E037 (9/96)