FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FAIRWAY COVE TOWNHOMES OWNERS ASSOCIATION, INC.

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 751156

(1)

FILED Mar 07 1996 8:00 am Secretary of State

	A I LIA BEILE BEART A I A I A	

Principal Place of Business Mailing Address					
Principal Place	of Business	Mailing Address			
9819 FAIRWA	Y COVE LA	499 NW 70TH AVE			
PLANTATION	FL 33324	#116			
US		PLANTATION FL 33324 US			3. Date Incorporated or Qualified 3a. Date of Last Report 02/21/1980 03/06/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-2795763 Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State)	City & State			6. Election Campaign Financing \$5.00 May Be
23	······	28			Trust Fund Contribution Added to Fees
Zip	Country	Ziρ	Count	ry	This corporation has liability for intangible tax under s. 199.032,
24	25		30		Florida Statutes Yes No
·	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New Registered Agent
			l°	Name	
nadel,			8	2 Street A	Address (P.O. Box Number is Not Acceptable)
3320 PI	NEWALK DR N			90	3) LAKE PARK CIRCLE N.
#1727			8	3 T	DAME FL
MARGA1	TE FL 33063		8	4 City	85 Zip Code
					FL SESSIVE
11. Pursuant t	to the provisions of Sections 617.0502 and agent, or both, in the State of Florida	and 617.1508, Florida Statutes,	the above	e-named co	orporation submits this statement for the purpose of changing its registered office
familiar wit	th, and accept the obligations of, Section	n 617/0503, Florida Statutes.	by the co	i portuori a	board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE'	(Clot)	1/ poll			2-27-96
	Signature, typed or printed name of registered agent as			gent signature re	required when reinstaling) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TIFLE		Penange ☐ Addition
NAME	NADEL, ȚEDDY		1 2 NAM		TED MADER
STREET ADDRESS	9320 PINEWALK DR N #1727		13 STRE	ET ADDRESS	903/ LAKE PARK CIACLE N
CITY-ST-ZIP	MARGATE FL 33063	C oc. etc		-ST-ZIP	DAVIE FL 33328
TIFLE	VD	☐ DEFELE	2 1 TITLI		Change Addition
NAME	MERIAM, RAN		2.2 NAM	E	Ran Iteriam
STREET ADDRESS	9890 FAIRWAY COVE LANE		2 3 STR	ET ADDRESS	9890 Fairway Cove Lane
CITY-ST-ZIP	PLANTATION FL 33324		2 4 CIT	/-ST-ZIP	Plantation, FC 37267
TITLE	TD	☐ DELETE	3.1 TITU	-	70 Change Addition
NAME	NOVICK, RITA		3.2 NAM	E	Pita Novick
STREET ADDRESS	9887 FAIRWAY COVE LANE		3.3 STR	ET ADDRESS	4887 FAIRWAY COUE LANE
CITY - ST - ZIP	PLANTATION FL 33324		3.4 CIT	(+\$1-ZIP	PLANTATION, FLA 33324
TITLE	S	DELETE	4.1 TITL		☐ Change ☐ Addition
NAME	TOKAR, CHRIS		4. 2 NAN	Æ	
STREET ADDRESS	9896 FAIRWAY COVE LANE		4.3 STR	ET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33324		4.4 City	- ST - ZIP	
THLE		DELETE	5.1 TITL	E "	☐ Change ☐ Addition
NAME			5.2 NAV	E	
STREET ADDRESS			5.3 STR	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY	- ST - ZIP	
TITLE		DELETE	6.1 TITL	E	Change Addition
NAME			6 2 NAM	!E	
STREET ADDRESS			63 STRI	ET ADDRESS	
CITY-ST-ZIP			6.4 CITY	-ST-ZiP	

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

2-27.96

305-876-292

Daytime Phone #

CR2E037 (12/9