

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 24 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 751156 (1)

1. Corporation Name

~~FAIRWAY COVE TOWNHOMES OWNERS ASSOCIATION, INC.~~
FAIRWAY COVE HOMES ASSOCIATION, INC.

Principal Place of Business

9819 FAIRWAY COVE LA
PLANTATION FL 33324
US

Mailing Address

499 NW 70TH AVE
#116
PLANTATION FL 33317-7572
US

3. Date Incorporated or Qualified
02/21/1980

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number

59-2795763

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

NADEL, TED Meriam, Ran
9031 LAKE PARK CIRCLE NORTH 9890 Fairway Cove Lane
DAVE FL 33328 Plantation, FL 33324

81 Name

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

600002164706--4

-05/02/97--01148--018

*****61.25 *****61.25

83 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

3/25/97 - 4/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PD~~ No Title RIM ☐ DELETE
NAME NADEL, TEDDY
STREET ADDRESS 9031 LAKE PARK CIRCLE NORTH
CITY-ST-ZIP DAVE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ~~PD~~ ☐ DELETE
NAME MERIAM, RAN
STREET ADDRESS 9890 FAIRWAY COVE LANE
CITY-ST-ZIP PLANTATION FL 33324

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME TD,
STREET ADDRESS 9887 FAIRWAY COVE LANE
CITY-ST-ZIP PLANTATION FL 33324

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME SD
STREET ADDRESS 9896 FAIRWAY COVE LANE
CITY-ST-ZIP PLANTATION FL 33324

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

3/25/97

954-473-9419
Daytime Phone # 0036655

CR2E037 (9/96)