

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751156** (1)

1. Corporation Name

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 33324 US
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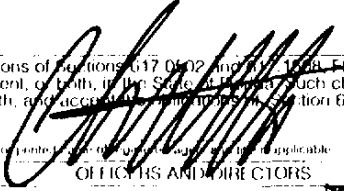
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/21/1980	4. FEI Number 59-2795763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MERIAM, RAN 9890 FAIRWAY COVE LANE PLANTATION FL 33324
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10. Name and Address of New Registered Agent 81 Name CHRIS TOKAR 82 Street Address (P.O. Box Number is Not Acceptable) 9896 FAIRWAY COVE LN 83 84 City PLANTATION FL 85 Zip Code 33324
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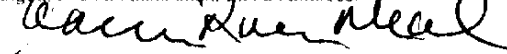
11. Pursuant to the provisions of Sections 617.05(2) and 617.05(3), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the provisions of Section 617.05(3), Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	NADEL, TEDDY
STREET ADDRESS	9031 LAKE PARK CIRCLE NORTH
CITY-ST-ZIP	DAVIE FL
TITLE	PD
NAME	MERIAM, RAN
STREET ADDRESS	9890 FAIRWAY COVE LANE
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	TD
NAME	NOVICK, RITA
STREET ADDRESS	9887 FAIRWAY COVE LANE
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	SD
NAME	TOKAR, CHRIS
STREET ADDRESS	9896 FAIRWAY COVE LANE
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D
1.2 NAME	DAN DANNER
1.3 STREET ADDRESS	9882 FAIRWAY COVE LN
1.4 CITY-ST-ZIP	PLANTATION, FL 33324
2.1 TITLE	SECRETARY, D
2.2 NAME	SHARON DEE
2.3 STREET ADDRESS	9867 FAIRWAY COVE LN
2.4 CITY-ST-ZIP	PLANTATION, FL 33324
3.1 TITLE	TD
3.2 NAME	AARON ROSENTHAL
3.3 STREET ADDRESS	9857 FAIRWAY COVE LANE
3.4 CITY-ST-ZIP	PLANTATION, FL 33324
4.1 TITLE	PD
4.2 NAME	TOKAR, CHRIS
4.3 STREET ADDRESS	9896 FAIRWAY COVE LANE
4.4 CITY-ST-ZIP	PLANTATION FL 33324
5.1 TITLE	D
5.2 NAME	STUART MANDEL
5.3 STREET ADDRESS	9851 FAIRWAY COVE LN
5.4 CITY-ST-ZIP	PLANTATION, FL 33324
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: 

CR2E037 (10/97)