

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90105 027 \*\*\*\*61.25

**DOCUMENT # 751156**

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**



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**23**  
City & State

**24**  
Zip

**25**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

**29**  
Country

3. Date Incorporated or Qualified

**02/21/1980**

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

9. Name and Address of Current Registered Agent

**TOKAR, CHRIS  
9896 FAIRWAY CAVE LANE  
PLANTATION FL 33824**

10. Name and Address of New Registered Agent

**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)

**4/6/99**

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D**  
**DONNER, DAN**  
**9882 FAIRWAY COVE LN**  
**PLANTATION FL 33324**

TITLE ☐ DELETE

**SD**  
**DEE, SHARON**  
**9867 FAIRWAY COVE ALNE**  
**PLANTATION FL 33324**

TITLE ☐ DELETE

**TD**  
**ROSENTHAL, AARON**  
**9857 FAIRWAY COVE LANE**  
**PLANTATION FL 33324**

TITLE ☐ DELETE

**PD**  
**TOKAR, CHRIS**  
**9896 FAIRWAY COVE LANE**  
**PLANTATION FL 33324**

TITLE ☐ DELETE

**D**  
**MANDEL, STUART**  
**9851 FAIRWAY COVE LANE**  
**PLANTATION FL 33324**

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Date

Daytime Phone #

CR2E037 (11/98)