

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751156

1. Entity Name

FAIRWAY COVE HOMES ASSOCIATION, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90156 019 \*\*\*\*61.25

Principal Place of Business C/O J & L PROPERTY MANAGEMENT, INC. 10191 WEST SAMPLE RD., STE. 203 CORAL SPRINGS FL 33065 US	Mailing Address C/O J & L PROPERTY MANAGEMENT, INC. 10191 WEST SAMPLE RD., STE. 203 CORAL SPRINGS FL 33065-3960 US
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2795763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOKAR, CHRIS  
9896 FAIRWAY CAVE LANE  
PLANTATION FL 33824

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DONNER, DAN	
STREET ADDRESS	9882 FAIRWAY COVE LN	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNER, DAN	
STREET ADDRESS	9882 FAIRWAY COVE LN	
CITY-ST-ZIP	PLANTATION 33324	

TITLE	SD	<input type="checkbox"/> Delete
NAME	DEE, SHARON	
STREET ADDRESS	9867 FAIRWAY COVE ALNE	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROSENTHAL, AARON	
STREET ADDRESS	9857 FAIRWAY COVE LANE	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teachenberg, Lee	
STREET ADDRESS	9877 FAIRWAY COVE LN	
CITY-ST-ZIP	PLANTATION, 33324	

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOKAR, CHRIS	
STREET ADDRESS	9896 FAIRWAY COVE LANE	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MANDEL, STUART	
STREET ADDRESS	9851 FAIRWAY COVE LANE	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, and on other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)