2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 19, 2001 8:00 am Secretary of State DOCUMENT # 751156 1. Entity Name FAIRWAY COVE HOMES ASSOCIATION, INC. 02-19-2001 90034 046 ****61.25 Principal Place of Business Mailing Address C/O J & L PROPERTY MANAGEMENT. INC. C/O J & L PROPERTY MANAGEMENT. INC. 10191 WEST SAMPLE RD., STE, 203 10191 WEST SAMPLE RD., STE. 203 **CORAL SPRINGS FL 33065** CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2795763 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TOKAR, CHRIS 9896 FAIRWAY CAVE LANE **PLANTATION FL 33824** Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TD ☐ Delete Change ☐ Addition TITLE TITLE NAME DONNER, DAN NAME STREET ADDRESS STREET ADDRESS 9882 FAIRWAY COVE LN CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 TITI F SD Delete Change Addition NAME DEE, SHARON 9867 FAIRWAY COVE ALNE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete TITLE _ ____ Change _ _ Addition. TITLE NAME TEACHTENBERG, LEE NAME STREET ADDRESS STREET ADDRESS 9857 FAIRWAY COVE LANE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 TITLE ☐ Delete TITLE ☐ Change Addition NAME **TOKAR, CHRIS** NAME STREET ADDRESS STREET ADDRESS 9896 FAIRWAY COVE LANE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 TITLE Delete ☐ Change ☐ Addition TITLE NAME MANDEL, STUART NAME STREET ADDRESS 9851 FAIRWAY COVE LANE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete TITLE П Спалое ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information indicated on this report or supplied tion dupplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information level and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director provided by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rec changed, or on an attach with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

'ure required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #