

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # N16740

1. Entity Name



FAIRWAY LANDING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

Mailing Address

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-2722717

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAM K. ISAACSON ,
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE: SD ☐ Delete
NAME: KOVLER, ROWENA
STREET ADDRESS: 2165 NW 57TH STREET
CITY-STATE-ZIP: BOCA RATON FL 33496

TITLE: D ☐ Delete
NAME: RABIN, ELLIOT
STREET ADDRESS: 2164 NW 57 ST
CITY-STATE-ZIP: BOCA RATON FL 33496

TITLE: EVPD ☐ Delete
NAME: BETTINGER, ROBERT
STREET ADDRESS: 2198 NW 57 ST
CITY-STATE-ZIP: BOCA RATON FL

TITLE: TD ☐ Delete
NAME: KORN, MORTON
STREET ADDRESS: 2199 NW 57TH STREET
CITY-STATE-ZIP: BOCA RATON FL

TITLE: PD ☐ Delete
NAME: STRAUS, ARNOLD
STREET ADDRESS: 2189 N.W. 59TH ST.
CITY-STATE-ZIP: BOCA RATON FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, with all other like empowered

SIGNATURE

Morton Korn *MORTON KORN*