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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N20065**

1. Corporation Name

THE FAIRWAYS AT BOCA GOLF & TENNIS CONDOMINIUM A SSOCIATION, INC.

Principal Place of Business	Mailing Address
5295 TOWN CENTER ROAD SUITE 200 BOCA RATON FL 33486	5295 TOWN CENTER ROAD SUITE 200 BOCA RATON FL 33486

2. Principal Place of Business 21 C/O GLEN MANAGEMENT SVCS Suite, Apt. #, etc. 22 4301 OAK CIRCLE #23 City & State 23 BOCA RATON FL Zip 24 33431 Country 25 USA	2a. Mailing Address 26 C/O GLEN MANAGEMENT SVCS Suite, Apt. #, etc. 27 4301 OAK CIRCLE #23 City & State 28 BOCA RATON FL Zip 29 33431 Country 30 USA	3. Date Incorporated or Qualifed 04/09/1987 4. FEI Number 59-2819920 ☐ Applied For ☐ Not Applicable 5. Certifcate 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

ISAACSON, WILLIAM K
5295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name: GLEN MANAGEMENT SERVICES
82 Street Address (P.O. Box Number is Not Acceptable): 4301 OAK CIRCLE
83: SUITE #23
84 City: BOCA RATON FL 85 Zip Code: 33431

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: A. GLEN 1/28/99.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SOL E MILLER		1.2 NAME	
STREET ADDRESS	17380 BOCA CLUB BLVD 304		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRILL, IRVING		2.2 NAME	
STREET ADDRESS	17380 BOCA CLUB BLVD #306		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RHODES, NELSON		3.2 NAME	
STREET ADDRESS	17324 BOCA CLUB BLVD., APT. 903		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CYNTHIA SMITH		4.2 NAME	
STREET ADDRESS	17308 BOCA CLUB BLVD 1107		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	AL FELTZIN		5.2 NAME	
STREET ADDRESS	17340 BOCA CLUB BLVD #701		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 32487		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 IRVING BRILL 1/28/99 (561) 392-0977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #