

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90373 020 ****61.25

DOCUMENT # N20065

1. Entity Name

THE FAIRWAYS AT BOCA GOLF & TENNIS CONDOMINIUM A

Principal Place of Business

Mailing Address

C/O GLEN MGT SVCS
 301 W. CAMINO GARDENS BLVD #200
 BOCA RATON FL 33432

C/O GLEN MGT SVCS
 P O BOX 1390
 BOCA RATON FL 33429-1390

550881



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2819920

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

7. Name and Address of New Registered Agent

GLEN, ANDREW C
301 W. WCAMINO GARDENS BLVD
#200
BOCA RATON FL 33432

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 NAME STREET ADDRESS CITY-ST-ZIP T SOL G. MILLER 17380 BOCA CLUB BLVD 304 BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T MILLER, SOL G. 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BRILL, IRVING 17380 BOCA CLUB BLVD #306 BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P Brill, Irving 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D RHODES, NELSON 17324 BOCA CLUB BLVD., APT. 903 BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VP RHODES, NELSON 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CYNTHIA SMITH 17308 BOCA CLUB BLVD 1107 BOCA RATON FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SD FELTZIN, AL 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D AL FELTZIN 17340 BOCA CLUB BLVD #701 BOCA RATON FL 32487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D RENDELMAN, HARVEY 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CORBET, ELIZABETH 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D CORBET, ELIZABETH 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	☐ Change ☒ Addition

CR2E037 (10/00)

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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRE SIGNATURE OF REGISTERED AGENT** *[Signature]* **4-12-2001** *[Signature]* **561-997-1145**