
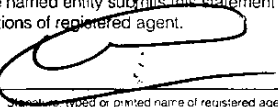

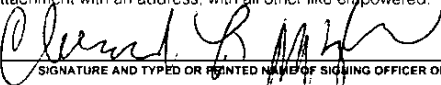


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90023 026 ****61.25

DOCUMENT # N20065 1. Entity Name THE FAIRWAYS AT BOCA GOLF & TENNIS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O INTEGRITY PROPERTY MGMT. 953 UNIVERSITY DR POMPANO BEACH, FL 33071			Mailing Address 953 UNIVERSITY DR POMPANO BEACH, FL 33071		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 8726			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Coral Springs FL		4. FEI Number 59-2819920	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33075		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent GLEN, ANDREW C 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Integrity Property Mgt Street Address (P.O. Box Number is Not Acceptable) 953 University Dr. City Coral Springs FL Zip Code 33071	
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  Andrew C. Glen  1/24/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENDELMAN, HARVEY 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAYHEW, CLARENCE 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILVERSTEIN, NATALIE 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEIN, JOYCE 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALINA, DAVID 301 W. CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  Andrew C. Glen <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2/7/06 Daytime Phone 954-396-0677	

40012697



01152007 Chg-NP CR2E037 (12/06)