

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90156 034 \*\*\*\*70.00

**DOCUMENT # N25621**

1. Entity Name  
**FAIRWAY POINT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**20310 FAIRWAY OAKS DR  
BOCA RATON, FL 33434**

Mailing Address

**6421 CONGRESS AVE STE 110  
BOCA RATON, FL 33487**



03192007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0045268**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**KAMINOFF, LESLIE  
6421 CONGRESS AVE STE 110  
BOCA RATON, FL 33487**

**DO NOT WRITE  
IN THIS SPACE**

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 registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHILLER, HOWARD 20310 FAIRWAY OAKS DR BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOLDFINGER, MAJOR C 20310 FAIRWAY OAKS DR BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLUESTONE, SAUL 20310 FAIRWAY OAKS DR. #182 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 the empowered.

**MAJOR C. GOLDFINGER**  
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/07**

Date

**561-483-4171**

Daytime Phone #