

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90025 002 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KAMINOFF, LESLIE 6421 CONGRESS AVE STE 110 BOCA RATON, FL 33487				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHILLER, HOWARD		NAME	SECRETARY	
STREET ADDRESS	20310 FAIRWAY OAKS DR		STREET ADDRESS	JERRY WAXBERG	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	20310 FAIRWAY OAKS DRIVE #162 BOCA RATON, FL 33434	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDFINGER, MAJOR C		NAME	VP/TREASURER	
STREET ADDRESS	20310 FAIRWAY OAKS DR		STREET ADDRESS	MAJOR C. GOLDFINGER #154	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	20310 FAIRWAY OAKS DRIVE BOCA RATON, FL 33434	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BLUESTONE, SAUL		NAME	PRESIDENT	
STREET ADDRESS	20310 FAIRWAY OAKS DR. #182		STREET ADDRESS	DAVID C. BUBES	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	20310 FAIRWAY OAKS DR #121 BOCA RATON, FL 33434	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			- JERRY WAXBERG		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 3/26/08 <small>Daytime Phone #</small> 561-483-5807		