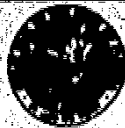


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N29047 (0)
1. Corporation Name
FAIRWAY CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3000 N.W. 83 LANE
SUNRISE FL 33351**

**C/O GOLD COAST PROPERTY MGMT
10001 W. OAKLAND PARK BLVD
SUNRISE FL 33351
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/28/1988** 3a. Date of Last Report **03/21/1994**
4. FBI Number **65-0088653** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLD COAST PROPERTY MGMT
10001 WEST OAKLAND PARK BLVD
3RD FLOOR, SUITE 300
SUNRISE FL 33351**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME YACKEL, PATTY
STREET ADDRESS 3830 N.W. 83RD LANE
CITY-ST-ZIP SUNRISE FL

1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME PATTY YACKEL
1.3 STREET ADDRESS 3830 N.W. 83RD LANE
1.4 CITY-ST-ZIP SUNRISE, FL 33351

TITLE PV
NAME JULIENNE, FELIX
STREET ADDRESS 3595 NW 83RD LANE
CITY-ST-ZIP SUNRISE FL

2.1 TITLE PV ☐ Change ☐ Addition
2.2 NAME FELIX JULIENNE
2.3 STREET ADDRESS 3595 NW 83RD LANE
2.4 CITY-ST-ZIP SUNRISE, FL 33351

TITLE TD
NAME BARBER, CAROLE
STREET ADDRESS 3596 NW 83RD LANE
CITY-ST-ZIP SUNRISE FL

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME DEBBIE TOOMEY
3.3 STREET ADDRESS 3432 NW 83RD LANE
3.4 CITY-ST-ZIP SUNRISE, FL 33351

TITLE SD
NAME ANDRES, MILDRED
STREET ADDRESS 3501 NW 83RD LANE
CITY-ST-ZIP SUNRISE FL

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME LUIS MIYAKAWA
4.3 STREET ADDRESS 3474 NW 83RD LANE
4.4 CITY-ST-ZIP SUNRISE, FL 33351

TITLE D
NAME CAMPBELL, MAUVA
STREET ADDRESS 3887 NW 83RD LANE
CITY-ST-ZIP SUNRISE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME KOVAS, BRIDGETT
STREET ADDRESS 3812 N.W. 83 LANE
CITY-ST-ZIP SUNRISE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

Patricia D. Yackel Patricia D. Yackel 4-18-95 (305) 572-0594