FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3600 N.W. 83 LANE SUNRISE FL 33351	C/O GOLD COAST PROPERTY MGMT 10001 W. OAKLAND PARK BLVD SUNRISE FL 33351 US

3. Date Incorporated or Qualified: 10/28/1988
3a. Date of Last Report: 03/21/1994
4. FEI 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	YACKEL, PATTY	1.2 NAME	PATTY YACKEL	
STREET ADDRESS	3630 N.W. 83RD LANE	1.3 STREET ADDRESS	3630 NW 83rd LANE	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	PV	2.1 TITLE	PV	☐ Change ☐ Addition
NAME	JULIENNE, FELIX	2.2 NAME	FELIX JULIENNE	
STREET ADDRESS	3595 NW 83RD LANE	2.3 STREET ADDRESS	3595 NW 83rd LANE	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	TD	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	BARBER, CAROLE	3.2 NAME	DEBBIE TOOMEY	
STREET ADDRESS	3596 NW 83RD LANE	3.3 STREET ADDRESS	3630 NW 83rd LANE	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	SD	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	ANDRES, MILDRED	4.2 NAME	LUIS MIYAKAWA	
STREET ADDRESS	3591 NW 83RD LANE	4.3 STREET ADDRESS	3696 NW 83rd LANE	
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, MAUVA	5.2 NAME		
STREET ADDRESS	3687 NW 83RD LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KOVAS, BRIDGETT	6.2 NAME		
STREET ADDRESS	3612 N.W. 83 LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia D. Yackel Patricia D. Yackel 4-18-95 (305)572-0594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

600107