

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29047

1. Entity Name

FAIRWAY CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3698 NW 83 LANE
SUNRISE FL 33351

Mailing Address

3698 NW 83 LANE
SUNRISE FL 33351
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0088653

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADVANCED ACCOUNTING PLUS
7209 NW 73 AVE
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name: IRVIN W. NACHMAN

Street Address (P.O. Box Number is Not Acceptable)

4441 STIRLING ROAD

City: FORT LAUDERDALE FL

Zip Code: 33314

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.

SIGNATURE OF OFFICER
SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: VEGA, CARLOS
STREET ADDRESS: 3634 NW 83 LN
CITY-ST-ZIP: SUNRISE FL 33351

☐ Delete

TITLE: SD
NAME: D'ATLORE, ANTONY
STREET ADDRESS: 3699 NW 83 LN
CITY-ST-ZIP: SUNRISE FL 33351

☒ Delete

TITLE: VPD
NAME: BRASS, STAN
STREET ADDRESS: 3650 NW 83 LN
CITY-ST-ZIP: SUNRISE FL 33351

☒ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VPD
NAME: Peter Delgado
STREET ADDRESS: 2592 NW 83 LN
CITY-ST-ZIP: Sunrise FL 33351

☐ Change

☒ Addition

TITLE: SD
NAME: Dawn Cassick
STREET ADDRESS: 3643 NW 83 LN
CITY-ST-ZIP: Sunrise FL 33351

☐ Change

☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

954-572-7936

Date

Daytime Phone #

CR2007 (9/01)