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

FILED
95 JUN -0 AM 9:02

DOCUMENT # N34489 (7)

1. Corporation Name

FAIRWAY CLUB CONDOMINIUM B ASSOCIATION, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/2/89
3a. Date of Last Report:

4. FEI Number: 65-0159210 ☐ 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

	Principal Place of Business	Mailing Address
21/26		
22/27	Suite, Apt. etc.	Suite, Apt. etc.
23/28	City & State	City & State
24/29	Zip	Zip
25/30	County	County

G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 201 LAKE WORTH, FL 33463

G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 201 LAKE WORTH, FL 33463

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83 **G.R.S. MANAGEMENT ASSOCIATES, INC.**
3900 WOODLAKE BLVD., SUITE 201

84 City **LAKE WORTH, FL 33463** **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
(Typed or printed name of registered agent and title if applicable) (If Registered Agent is a corporation, must be signature of officer or director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11/41 TITLE	VD	11/41 TITLE	☐ Change ☐ Addition
12/42 NAME	DANZINGER, SAUL	12/42 NAME	
13/43 STREET ADDRESS	4725 LUCERNE LAKES BLVD #203	13/43 STREET ADDRESS	
14/44 CITY ST ZIP	LAKE WORTH, FL	14/44 CITY ST ZIP	
21/51 TITLE	PD	21/51 TITLE	100001 5004 2241
22/52 NAME	CANTOR, GLORIA	22/52 NAME	-06/02/95--01020--009
23/53 STREET ADDRESS	4725 LUCERNE LAKES BLVD #302	23/53 STREET ADDRESS	****130.00 ****130.00
24/54 CITY ST ZIP	LAKE WORTH, FL	24/54 CITY ST ZIP	
31/61 TITLE	SD	31/61 TITLE	☐ Change ☐ Addition
32/62 NAME	KESSLER, MANNY	32/62 NAME	
33/63 STREET ADDRESS	4725 LUCERNE LAKES BLVD #115	33/63 STREET ADDRESS	
34/64 CITY ST ZIP	LAKE WORTH, FL	34/64 CITY ST ZIP	
41/71 TITLE	DT	41/71 TITLE	☐ Change ☐ Addition
42/72 NAME	KANTER, ROSE	42/72 NAME	
43/73 STREET ADDRESS	4725 LUCERNE LAKES BLVD #403	43/73 STREET ADDRESS	
44/74 CITY ST ZIP	LAKE WORTH, FL	44/74 CITY ST ZIP	
51/81 TITLE	D	51/81 TITLE	☐ Change ☐ Addition
52/82 NAME	RICHMOND, SEYMOUR	52/82 NAME	
53/83 STREET ADDRESS	4725 LUCERNE LAKES BLVD #205	53/83 STREET ADDRESS	
54/84 CITY ST ZIP	LAKE WORTH, FL	54/84 CITY ST ZIP	
61/91 TITLE		61/91 TITLE	☐ Change ☐ Addition
62/92 NAME		62/92 NAME	
63/93 STREET ADDRESS		63/93 STREET ADDRESS	
64/94 CITY ST ZIP		64/94 CITY ST ZIP	

DUE BY MAY 1

14. I declare 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: X Saul Danzinger, Asst Sec 5/6/95 1-561-641-2379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date Daytime Phone # 1-407-967-5470