

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34489 (7)
1. Corporation Name

FAIRWAY CLUB CONDOMINIUM "B" ASSOC., INC.

Principal Place of Business

Mailing Address

G.R.S. MANAGEMENT ASSOC., INC.
3900 WOODLAKE BLVD, STE #201
LAKE WORTH, FL 33463

3. Date Incorporated or Qualified

3a. Date of Last Report

10/2/89

4/6/95

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

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

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

81 Name

ROSE KANTER

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

4725 LUCERNE LAKES BLVD. # 403

83

84 City

LAKE WORTH FL

85 Zip Code

33467

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Rose Kanter

4/13/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: VD
NAME: DANZINGER, SAUL
STREET ADDRESS: 4725 LUCERNE LAKES BLVD, #203
CITY-ST-ZIP: LAKE WORTH, FL

☐ DELETE

TITLE: PD
NAME: CANTOR, GLORIA
STREET ADDRESS: 4725 LUCERNE LAKES BLVD #302
CITY-ST-ZIP: LAKE WORTH, FL

☐ DELETE

TITLE: SD
NAME: KESSLER, MANNY
STREET ADDRESS: 4725 LUCERNE LAKES BLVD #115
CITY-ST-ZIP: LAKE WORTH, FL

☐ DELETE

TITLE: DT
NAME: KANTER, ROSE
STREET ADDRESS: 4725 LUCERNE LAKES BLVD #403
CITY-ST-ZIP: LAKE WORTH, FL

☐ DELETE

TITLE: D
NAME: RICHMOND, SEYMOUR
STREET ADDRESS: 4725 LUCERNE LAKES BLVD #205
CITY-ST-ZIP: LAKE WORTH, FL

☐ DELETE

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP: 33467

☒ Change ☐ Addition

21 TITLE:
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP: 33467

☒ Change ☐ Addition

31 TITLE: D
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP: 33467

☒ Change ☐ Addition

41 TITLE:
42 NAME:
43 STREET ADDRESS: 700001831367
44 CITY-ST-ZIP: -05/21/96--01034--017
***\$1.25

☒ Change ☐ Addition

51 TITLE: SD
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP: 33467

☒ Change ☐ Addition

61 TITLE:
62 NAME:
63 STREET ADDRESS:
64 CITY-ST-ZIP:

☐ Change ☒ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rose Kanter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96

Date:

407-641-8554

Daytime Phone #

CR2E037 (12/95)