

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

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1. Corporation Name

FAIRWAY CLUB CONDOMINIUM B ASSOCIATION, INC.

Principal Place of Business

C/O G.R.S. MGMT. ASSOCIATES, INC
3900 WOODLAKE BLVD., STE 201
LAKE WORTH FL 33463

Mailing Address

C/O G.R.S. MGMT. ASSOCIATES, INC
3900 WOODLAKE BLVD., STE 201
LAKE WORTH FL 33463



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

USA

3. Date Incorporated or Qualified

10/02/1989

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

9. Name and Address of Current Registered Agent

KANTER, ROSE
4725 LUCERNE LAKES BLVD., #403
LAKE WORTH FL 33467

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 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

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 SD
NAME NUGENT, WILLIAM
STREET ADDRESS 4725 LUCERNE LAKES BLVD., #21
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE PD
NAME CANTOR, GLORIA
STREET ADDRESS 4725 LUCERNE LAKES BLVD., #302
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D
NAME KESSLER, MANNY
STREET ADDRESS 4725 LUCERNE LAKES BLVD., #115
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE DT
NAME KANTER, ROSE
STREET ADDRESS 4725 LUCERNE LAKES BLVD., #403
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE VPD
NAME RICHMOND, SEYMOUR
STREET ADDRESS 4725 LUCERNE LAKES BLVD., #205
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE DT
4.2 NAME ARLAN, SOL
4.3 STREET ADDRESS 4725 LUCERNE LAKES BLVD #207
4.4 CITY-ST-ZIP LAKE WORTH, FL 33467

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

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

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)