

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90054 015 \*\*\*\*61.25

**DOCUMENT # N34489**

1. Entity 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 US**

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

**50006236**



2. Principal Place of Business

3. Mailing Address

Suite Apt # etc  
**G.R.S. MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD. SUITE 309  
LAKE WORTH, FL 33463**

Suite Apt # etc  
**G.R.S. MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD. SUITE 309  
LAKE WORTH, FL 33463**

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0159210**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANTOR, GLORIA  
4725 LUCERNE LAKES BLVD., #302  
LAKE WORTH, FL 33467**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
NUGENT, WILLIAM  
4725 LUCERNE LAKES BLVD #211  
LAKE WORTH, FL 33467** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
ARLAN, SOL  
4725 LUCERNE LAKES BLVD, #207  
LAKE WORTH, FL 33467** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
SHULMAN, MAXINE  
4725 LUCERNE LAKES BLVD #410  
LAKE WORTH, FL 33467** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

*1/20/05*