## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # N34489**

1. Entity Name FAIRWAY CLUB CONDOMINIUM B ASSOCIATION, INC.



02-15-2006 90026 001 \*\*\*\*61.25

**FILED** 

Feb 15, 2006 8:00 am Secretary of State

Principal Place of Business	
GRS MANAGEMENT ASSOCIAT	TES, INC
3900 WOODLAKE BLVD., STI	E 309
LAKE WORTH, FL 33463	US

GRS MANAGEMENT ASSOCIATES, INC 3900 WOOD! AKE BLVD STE 309

LAKE WORTH	US	LAKE WORTH, FL	KE WORTH, FL 33463 US							
2. Principal Place of Business 3		3. Mailing Address					H HIN DIN H			
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			Chg-NP	CR2E0	37 (11/05)		
City & State		City & State	City & State			4. FEI Number Applied For 65-0159210 Not Applied				
Žip	p Country Zip C		puntry	5. Certificate o	5. Certificate of Status Desired Sa.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
CANTOD OLODIA			Name							
CANTOR, GLORIA 4725 LUCERNE LAKES BỆVD., #302 LAKE WORTH, FL 33467:			Street Addre	ess (P.O. Box Number	r is Not Acceptab	ole)				
	,,,	ř.								
		<i>#</i>			City			FL	Zip Cod	Э
8. The above the obligat	named entity ions of regist	y submits this statement for the ered agent.	ne purpose of chang	ing its registe	red office or reg	istered agent, or both	i, in the State of F	iorida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent and	title if applicable.	(NOTE: Registe	rad Agent signature rec	quired when reinstating)		DATE		
- ·····							1			
Filing Fee is \$61.25 Due by May 1, 2006			S. Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	, ,		k payable to tment of St		
10. OFFICERS AND DIRECTORS		CTORE	11.		A CONTROLIC (CLIA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

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Davtime Phone #