

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -6 PM 12: 03

**DOCUMENT # N92000000525 (7)**

1. Corporation Name

**FAIRWAY ESTATES HOMEOWNERS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/30/1992</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>65-0401082</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
4000 SOUTH 57TH AVE. STE. #101 LAKE WORTH FL 33463 US		4000 SOUTH 57TH AVE. STE. #101 LAKE WORTH FL 33463 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**VENIS, TED**  
**7650 NORTH WEST 29TH ST.**  
**MARGATE FL 33063**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>
B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREGOS, JOE</b>	1.2 NAME	
STREET ADDRESS	<b>7781 NW 29TH ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARGATE FL 33063</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOGUEL, HORACIO</b>	2.2 NAME	
STREET ADDRESS	<b>7540 NW 29TH ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARGATE FL 33063</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVIN, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>7780 NW 29TH ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARGATE FL 33063</b>	3.4 CITY - ST - ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VENIS, TED</b>	4.2 NAME	
STREET ADDRESS	<b>7650 NW 29TH ST.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARGATE FL 33063</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALAZZO, MARK</b>	5.2 NAME	
STREET ADDRESS	<b>7410 NW 29TH ST.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARGATE FL 33063</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 liquidator 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ (Signature and typed name of signing officer or director) DATE: **1/31/95**