

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 # **N92000000525 (7)**

1. Corporation Name

FAIRWAY ESTATES HOMEOWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified
11/30/1992

3a. Date of Last Report
02/06/1995

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

4. FEI Number

65-0401082

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81

Name

Yoguel Horacio

82

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

7540 N.W. 29th Street

83

84

City **Margate**

FL

85

Zip Code **33063**

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 617.0803, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD
NAME	GREGOS, JOE	12 NAME	Richard Early
STREET ADDRESS	7781 NW 29TH ST.	13 STREET ADDRESS	7401 NW. 29th St.
CITY-ST-ZIP	MARGATE FL 33063	14 CITY-ST-ZIP	Margate, Fl. 33063
TITLE	VD	21 TITLE	SC
NAME	YOGUEL, HORACIO	22 NAME	
STREET ADDRESS	7540 NW 29TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	
NAME	LEVIN, ROBERT	32 NAME	
STREET ADDRESS	7760 NW 29TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	VD
NAME	VENIS, TED	42 NAME	
STREET ADDRESS	7650 NW 29TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D
NAME	PALAZZO, MARK	52 NAME	Norman Murken
STREET ADDRESS	7410 NW 29TH ST.	53 STREET ADDRESS	7680 NW.29th Street
CITY-ST-ZIP	MARGATE FL 33063	54 CITY-ST-ZIP	Margate, Fl 33063
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-96

Date

Daytime Phone #

CR2E037 (12/95)