


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 4000 SOUTH 57TH AVE. STE. #101 LAKE WORTH FL 33463 US | Mailing Address 4000 SOUTH 57TH AVE. STE. #101 LAKE WORTH FL 33463 US |
|---|---|

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|--|--|
| 3. Date Incorporated or Qualified 11/30/1992 | |
| 4. FEI Number 65-0401082 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

9. Name and Address of Current Registered Agent

**HORACIO, YOGUEL
7540 NW 29TH STREET
MARGATE FL 33063**

10. Name and Address of New Registered Agent

| | | |
|--|-----------------------|-----------------------------|
| 81 Name Property Mgmt. Resources | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 4000 S. 57th Ave | | |
| 83 Suite Suite 101 | | |
| 84 City Lake Worth | 85 State FL | 86 Zip Code 33463 |

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 *Ralph R Hintz* **Ralph R Hintz, President** DATE **2/4/98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE PD | EARLY, RICHARD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7401 NW 29TH ST | MARGATE FL | 1.2 NAME | |
| CITY-ST-ZIP | | 1.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | |
| TITLE SD | YOGUEL, HORACIO | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7540 NW 29TH ST. | MARGATE FL | 2.2 NAME | |
| CITY-ST-ZIP | | 2.3 STREET ADDRESS | |
| | <input checked="" type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP | |
| TITLE TD | LEVIN, ROBERT | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7760 NW 29TH ST. | MARGATE FL 33063 | 3.2 NAME | |
| CITY-ST-ZIP | | 3.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP | |
| TITLE VD | VENIS, TED | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7650 NW 29TH ST. | MARGATE FL | 4.2 NAME | |
| CITY-ST-ZIP | | 4.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | |
| TITLE D | MURKEN, NORMAN | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7680 NW 29TH ST | MARGATE FL | 5.2 NAME | |
| CITY-ST-ZIP | | 5.3 STREET ADDRESS | |
| | <input checked="" type="checkbox"/> DELETE | 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 | |

| | | |
|--------------------|-----------------------------|--|
| 2.1 TITLE | SA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Gilliam, Greg | |
| 2.3 STREET ADDRESS | 7600 NW 29th street. | |
| 2.4 CITY-ST-ZIP | Margate, FL 33063 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Suggs, Timothy | |
| 5.3 STREET ADDRESS | 7420 NW 29th street. | |
| 5.4 CITY-ST-ZIP | Margate, FL 33063 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

SIGNATURE: *[Signature]* DATE: **2-17-98**

CR2E037 (10/97)