

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90204 039 ****61.25

DOCUMENT # N92000000525

1. Entity 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 33463-4307
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0401082

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROPERTY MANAGEMENT RESOURCES
4000 S 57TH AVE
STE 101
LAKE WORTH FL 33463

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **EARLY, RICHARD**
 STREET ADDRESS **7401 NW 29TH ST**
 CITY-ST-ZIP **MARGATE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **GILLAM, GREG**
 STREET ADDRESS **7600 NW 29TH ST**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **LEVIN, ROBERT**
 STREET ADDRESS **7760 NW 29TH ST.**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **VENIS, TED**
 STREET ADDRESS **7650 NW 29TH ST.**
 CITY-ST-ZIP **MARGATE FL**

TITLE **DS** Change Addition
 NAME **Diane Shurtz**
 STREET ADDRESS **7430 N.W. 29th Street**
 CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **SD** Delete
 NAME **SUGGS, TIMOTHY**
 STREET ADDRESS **7420 NW 29TH ST**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

4/11/00

9687368

Date

Daytime Phone #