

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90196 033 ****61.25

0037259

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
 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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VD	EARLY, RICHARD	7401 NW 29TH ST	MARGATE FL	<input checked="" type="checkbox"/>
PD	GILLAM, GREG	7600 NW 29TH ST	MARGATE FL 33063	<input checked="" type="checkbox"/>
TD	LEVIN, ROBERT	7760 NW 29TH ST.	MARGATE FL 33063	<input checked="" type="checkbox"/>
DS	SHURTZ, DIANE	7430 N.W. 29 STREET	POMPANO BEACH FL 33063	<input type="checkbox"/>
D	SUGGS, TIMOTHY	7420 NW 29TH ST	MARGATE FL 33063	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Polletti, Kevin	7441 N.W. 29th street	MARGATE, FL 33063	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	MORGAN, TOM	2870 N.W. 75th AVE.	MARGATE, FL 33063	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LICHENSTEIN, ANDREW	2880 N.W. 75th AVE	MARGATE, FL 33063	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Kevin Polletti
 KEVIN POLLETTI

1/22/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)