


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90004 022 ****61.25

DOCUMENT # N92000000525

1. Entity 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

54025879

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0401082

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	POLIETTI, KEVIEN	
STREET ADDRESS	7441 NW 29 STREET	
CITY-ST-ZIP	POMPANO BEACH, FL 33063	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORGAN, TOM	
STREET ADDRESS	2870 NW 75 AVE	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HENRY, ROBERT	
STREET ADDRESS	7620 NW 29TH ST.	
CITY-ST-ZIP	MARGATE, FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, DAVID	
STREET ADDRESS	2871 N.W. 75TH AVE.	
CITY-ST-ZIP	MARGATE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZER DITMAN	
STREET ADDRESS	7771 NW 29th Street	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULES ROBERTS	
STREET ADDRESS	7730 NW 29th Street	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kevin Polietti* **KEVIN POLIETTI**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____