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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:26

DOCUMENT # **N93000002892 (8)**

1. Corporation Name
FAIRWAY POINT COMMON FACILITIES ASSOCIATION, INC

Principal Place of Business	Mailing Address
1690 SOUTH CONGRESS AVENUE DELRAY BEACH FL 33445	1690 SOUTH CONGRESS AVENUE DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1993
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-3195633 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

D'ADDARIO, MERLE
1690 SOUTH CONGRESS AVENUE
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	D'ADDARIO, MERLE	1.2 NAME	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, ELLIOT	2.2 NAME	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, JOANN	3.2 NAME	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PLOUGH, MAURICE	4.2 NAME	
STREET ADDRESS	20310 FAIRWAY OAKS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	4.4 CITY-ST-ZIP	
TITLE	AST	5.1 TITLE	☐ Change ☐ Addition
NAME	NUNEZ, ANTONIO	5.2 NAME	
STREET ADDRESS	1690 S. CONGRESS AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, RICHARD D	6.2 NAME	
STREET ADDRESS	1690 S. CONGRESS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	6.4 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)(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 above, or on an attachment with an address.

SIGNATURE: Elliot A. Davis 3/24/95 (407) 274-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
Secretary/Treasurer