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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified

06/22/1993

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and board (if applicable)

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME D'ADDARIO, MERLE  
STREET ADDRESS 1690 SOUTH CONGRESS AVENUE  
CITY-STATE-ZIP DELRAY BEACH FL 33445

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE ST  
NAME DAVIS, ELLIOT  
STREET ADDRESS 1690 SOUTH CONGRESS AVENUE  
CITY-STATE-ZIP DELRAY BEACH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE VD  
NAME LEVY, JOANN  
STREET ADDRESS 1690 SOUTH CONGRESS AVENUE  
CITY-STATE-ZIP DELRAY BEACH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE D  
NAME PLOUGH, MAURICE  
STREET ADDRESS 20310 FAIRWAY OAKS DRIVE  
CITY-STATE-ZIP BOCA RATON FL 33434

4.1 TITLE VD  
4.2 NAME WAXBERG, JERRY  
4.3 STREET ADDRESS 20310 FAIRWAY OAKS DRIVE  
4.4 CITY-STATE-ZIP BOCA RATON, FL 33434

TITLE AST  
NAME NUNEZ, ANTONIO  
STREET ADDRESS 1690 S. CONGRESS AVE.  
CITY-STATE-ZIP DELRAY BCH. FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE AS  
NAME LEVY, RICHARD D  
STREET ADDRESS 1690 S. CONGRESS AVE.  
CITY-STATE-ZIP DELRAY BCH. FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLIOT A. DAVIS

2/6/96

407-274-2000

Daytime Phone

CR2E037 (12/95)