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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N93000002892 (8)

FAIRWAY POINT COMMON FACILITIES ASSOCIATION, INC

FILED May 20 1997 8:00am Secretary of State



<u> </u>								
Principal Place of Business Mailing Address					i en liens nen enien sinte dbise butte ne	offil Maint Ratio Has	16110 16110 3101 1601	
1690-SOUTH CO DELRAY-BEACH	DNORE88 AVENUE + FL 83445	1880-SOUTH-CONGRESS AV DELRAY DEACH FL 83445-63						
					3. Date Incorporated or Qualified 06/22/1993	3e. Date of 1 02/12	est Report 2/1996	
2. Principal Place of Business 2a. Mailing Address			· Aur	20	4. FEI Number		Applied For	
			By OAKS I	→× •	59-3195633		Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional se Required	
Cip & State 23 Boc A	RATION P1.	City State	WFI		Election Campaign Financing Trust Fund Contribution		0.00 May Be	
ZIP3 2 //	Coyetry	Zip Cognitry			This corporation has liability for intangible tax under s. 199.032,			
24 234	74 25 AIM DEACH	20 33434 30 PALH DEACH			Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	pistered Agent		
CHERI L. PANUER - CAM. 61 Name								
2026	10 Frieway OAK	c'DR.	82 Street	Addres	s (P.O. Box Number is Not Acceptab	le)		
2		· · · · · · · · · · · · · · · · · · ·						
CHERI L. PANUER - CAM 20290 FAIRWAY DAKS DR. BZ BOCA RATON F1. 33434 B3								
			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 fe	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.							
1 100 1 100 00 D								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required w					when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	DELETE	1.1 TOTLE	/	DINKOFF	J⊠ Cr	ange Addition 3	
NAME	D'ADDARIO, MERLE		1.2 NAME	15	20N FABURUON	us De.		
STREET ADDRESS	1690 SOUTH CONGRESS AVE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-71P DOCA RATAN, F1. 33434 Change Li Addition Addition			اُ			
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY - ST - ZIP	1/20	11. 33			
TITLE	ST	DELETE	2.1 TITLE	يد) 	125 -ct	nange 🔲 Addition 🕻	
NAME	DAVIS, ELLIOT	2.2 NAME	37	BOLA RATON, F1. 33434				
STREET ADDRESS	1690 SOUTH SONGRESS AVE	2.3 STREET ADDRESS	1 %	240 PATA E/ 32//2//				
CITY - ST - ZIP	DELRAY BEACH FL	DELETE	2. 4 CITY - ST - ZIP	⊢"ર	KANON, FI.	X CI	nange Addition	
TITLE	VD LEVY, JOANN	DI DECENE	3.1 TITLE 3.2 NAME	1				
NAME STREET ADDRESS	1690 SOUTH CONGRESS AVE	1	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP BOLD CATON P1. 33434		ĺ			
	DELRAY BEACH FL	3.4. CITY-ST-ZIP		OCA CATON PI.	33420	,		
CITY - ST - ZIP TITLE	VD k	X DELETE	4.1 TITLE	 		☐ CI		
NAME	WAXBERG JERRY	/	4.2 NAME	1				
STREET ADDRESS	20310 FAIRWAY DAKS DRIVE		4.3 STREET ADDRESS	1				
CITY-ST-ZIP	BOCA RATON FL		4,4 CITY - ST - ZIP					
TITLE	AST \	DELETE	5.1 TITLE			□ c	nange Addition	
NAME	NUNEZ, ANTOMIO	•	5.2 NAME	Ì	•			
STREET ADDRESS	1690 S. CONORESS AVE.		5.3 STREET ADDRESS					
CITY-ST-ZIP	DELRAY BCH. FL		5.4 CITY - ST - ZIP	<u>L</u>				
TITLE	AS ,	DELETE	6.1 TITLE	T		C	nange	
NAME	LEVY, AICHARD Ø	•	6.2 NAME]	
STREET ADDRESS	1690 S. CONGRESS AVE.		6.3 STREET ADORESS					
CITY-S1-ZIP	DELRAY BOH. FL		6.4 CITY-ST-ZIP	<u> </u>				
intermatio	by certify that the information supplied in indicated on this annual report of su	oniamantai annuai tanort is tru	IO ANICI ACCUTATO ANI	n irani n	IV SIGNATUFA SHAII NAVA THA SAMA IAGA	I OTTOCLAS II MA	de under oath: that i	
information indicated on this annual report of 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 atjactment with an address.								
appears to brook it of brook is it of brook of all appearances and a facility of the second								
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devine Phone & 0043273								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Daytime Phone # 0043273		