

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002892 (8)**

1. Corporation Name

FAIRWAY POINT COMMON FACILITIES ASSOCIATION, INC



Principal Place of Business 1690 SOUTH CONGRESS AVENUE DELRAY BEACH FL 33445		Mailing Address 1690 SOUTH CONGRESS AVENUE DELRAY BEACH FL 33445-6005		3. Date Incorporated or Qualified 06/22/1993	3a. Date of Last Report 02/12/1996
2. Principal Place of Business 21 20290 Fairway Oaks Dr Suite, Apt. #, etc. 22	2a. Mailing Address 26 20290 Fairway Oaks Dr. Suite, Apt. #, etc. 27	4. FEI Number 59-3195633	Applied For Not Applicable		
23 Boca Raton, FL City & State 24 33434 Zip 25 FL Country	28 Boca Raton, FL City & State 29 33434 Zip 30 FL Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent Cheri L. Parker - CAM 20290 Fairway Oaks Dr. Boca Raton FL 33434		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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: Cheri L. Parker DATE: 4-16-97 (NOTE: Registered Agent signature required when reinstating)					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'ADDARIO, MERLE 1690 SOUTH CONGRESS AVENUE DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD LEON R MINKOFF 20320 FAIRWAY OAKS DR. BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, ELLIOT 1690 SOUTH CONGRESS AVENUE DELRAY BEACH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D STEPHEN TECOT 20290 FAIRWAY OAKS DR. BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVY, JOANN 1690 SOUTH CONGRESS AVENUE DELRAY BEACH FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD JERRY WAXBERG 20310 FAIRWAY OAKS DR. BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAXBERG, JERRY 20310 FAIRWAY OAKS DRIVE BOCA RATON FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST NUNEZ, ANTONIO 1690 S. CONGRESS AVE. DELRAY BCH. FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEVY, RICHARD D 1690 S. CONGRESS AVE. DELRAY BCH. FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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

Date

Daytime Phone # 0043273

CR2E037 (9/96)