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Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

Mailing Address

20290 FAIRWAY OAKS DR.  
BOCA RATON FL 33434  
US

20290 FAIRWAY OAKS DR.  
BOCA RATON FL 33434  
US



3. Date Incorporated or Qualified

**06/22/1993**

4. FEI Number

**59-3195633**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 20320 FAIRWAY OAKS DR.**

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 Boca Raton, FL**

City & State

Zip

Zip

**24 33434**

Country

**25 USA**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKER, CHERI L**  
**20290 FAIRWAY OAKS DR.**  
**BOCA RATON FL 33434**

**81 Name LARRY E. SCHNER, P.A.**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**750 So. Dixie Hwy**

**P.O. Box 3004**

**84 City Boca Raton**

**FL**

**85 Zip Code 33431**

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]*

(NOTE: Registered Agent signature required when reinstating)

**April 9, 1998**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

**PD**  
**NAME MINKOFF, LEON R**  
**STREET ADDRESS 20320 FAIRWAY OAKS DR**  
**CITY-ST-ZIP BOCA RATON FL 33434**

**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

**PD**  
**STEPHEN L. TECOT**  
**20290 FAIRWAY OAKS DR.**  
**BOCA RATON FL 33434**

TITLE ☐ DELETE

2.1 TITLE

☒ Change ☐ Addition

**D**  
**NAME TECOT, STEPHEN**  
**STREET ADDRESS 20290 FAIRWAY OAKS DR**  
**CITY-ST-ZIP BOCA RATON FL 33434**

**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**VTD**  
**DAVID BUBAS**  
**20310 FAIRWAY OAKS DR.**  
**BOCA RATON FL 33434**

TITLE ☐ DELETE

3.1 TITLE

☒ Change ☐ Addition

**VD**  
**NAME WAXBERG, JERRY**  
**STREET ADDRESS 20310 FAIRWAY OAKS DR.**  
**CITY-ST-ZIP BOCA RATON FL 33434**

**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**VSD**  
**LEONARD SATIN**  
**20320 FAIRWAY OAKS DR.**  
**BOCA RATON, FL 33434**

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. 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 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]*

**4/2/98 561-479-4950**

CR2037 (10/97)