

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90008 006 ****61.25

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1. Corporation Name

FAIRWAY POINT COMMON FACILITIES ASSOCIATION, INC

Principal Place of Business

20320 FAIRWAY OAKS DRIVE
BOCA RATON FL 33434
US

Mailing Address

20290 FAIRWAY OAKS DR.
BOCA RATON FL 33434
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 20320 FAIRWAY OAKS DR

06/22/1993

22 City & State

27 Suite, Apt. #, etc.

4. FEI Number
59-3195633

Applied For
Not Applicable

23 Zip

Country

28 Boca RATON, FL

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24

25

29

33434

30

US

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNER, LARRY E. P.A.
750 SO. DIXIE HWY
P.O. BOX 3004
BOCA RATON FL 33431

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME TECOT, STEPHEN L.
STREET ADDRESS 20290 FAIRWAY OAKS DRIVE
CITY-ST-ZIP BOCA RATON FL 33434

1.1 TITLE ☐ Change ☐ Addition

TITLE VTD ☐ DELETE

NAME BUBES, DAVID
STREET ADDRESS 20310 FAIRWAY OAKS DRIVE
CITY-ST-ZIP BOCA RATON FL 33434

2.1 TITLE ☒ Change ☐ Addition

TITLE VSD ☒ DELETE

NAME SATIN, LEONARD
STREET ADDRESS 20320 FAIRWAY OAKS DRIVE
CITY-ST-ZIP BOCA RATON FL 33434

2.2 NAME BUBES, DAVID

2.3 STREET ADDRESS 20310 FAIRWAY OAKS DR. #121

2.4 CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/99 561-477-4950

004013

CR2E037 (11/98)