
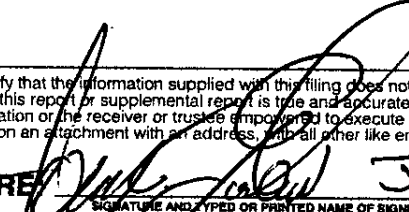


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90079 027 ****70.00

DOCUMENT # N93000002892					
1. Entity Name FAIRWAY POINT COMMON FACILITIES ASSOCIATION, INC.					
Principal Place of Business 20320 FAIRWAY OAKS DRIVE BOCA RATON, FL 33434 US			Mailing Address 20320 FAIRWAY OAKS DR BOCA RATON, FL 33434 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3195633	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHNER, LARRY E. P.A. 750 SO. DIXIE HWY P.O. BOX 3004 BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BUBES, DAVID <input checked="" type="checkbox"/> Delete 20310 FAIRWAY OAKS DR. #121 BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Saul Bluestone 20310 FAIRWAY OAKS DR. #121 BOCA RATON, FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROSEN, DAVID <input type="checkbox"/> Delete 20290 FAIRWAY OAKS DR. BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rosen, David 20290 FAIRWAY OAKS DR. BOCA RATON, FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GORDAN, JAMES <input type="checkbox"/> Delete 20320 FAIRWAY OAKS DR #362 BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 			JAMES K. GORDON		
DATE			4/8/04 561-218-8550		