

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90007 003 ****61.25

DOCUMENT # N93000003107

1. Entity Name
FAIRWAY CLUB CONDOMINIUM D ASSOCIATION, INC.



Principal Place of Business
**3900 WOODLAKE BLVD
#309
LAKE WORTH, FL 33463 US**

Mailing Address
**3900 WOODLAKE BLVD
#309
LAKE WORTH, FL 33463 US**

40022330



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

65-0645296

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOLDSTEIN, HARVEY
4734 LUCERNE LAKES BLVD #110
LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent

Name **Sol Skolnik**
Street Address (P.O. Box Number is Not Applicable) **4734 Lucerne Lakes Blvd. #104**
City **Lake Worth** **FL** Zip Code **33467**

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

Sol Skolnik

2/1/08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAUFMAN, EDWARD 4734 LUCERNE LAKES BLVD #307 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, HARVEY 4734 LUCERNE LAKES BLVD #110 LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SKOLNIK, SOL 4734 LUCERNE LAKES BLVD SUITE 104 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZELAZNIK, FLORALEE 4734 LUCERNE LAKES BLVD., #203 LAKE WORTH, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAXIN, AARON 4734 LUCERNE LAKES BLVD SUITE 210 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Skolnik Sol 4734 Lucerne Lakes Blvd Ste 104 Lake Worth, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mermelstein Herbert 4734 Lucerne Lakes Blvd #112 Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Martin 4734 Lucerne Lakes Blvd #109 Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Krauss, Marlene 4734 Lucerne Lakes Blvd #105 Lake Worth, FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Sol Skolnik President

2/1/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #