

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

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

Name

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

City

Applied For  
Not Applicable

40026342

01212008 Chg-NP CR2E037 (12/06)

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/08

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD KAUFMAN, EDWARD  
NAME  
STREET ADDRESS 4734 LUCERNE LAKES BLVD #307  
CITY-ST-ZIP LAKE WORTH, FL 33467

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE PD GOLDSTEIN, HARVEY  
NAME  
STREET ADDRESS 4734 LUCERNE LAKES BLVD #110  
CITY-ST-ZIP LAKE WORTH, FL 33467

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE VPD SKOLNIK, SOL  
NAME  
STREET ADDRESS 4734 LUCERNE LAKES BLVD SUITE 104  
CITY-ST-ZIP LAKE WORTH, FL 33467

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE DS ZELAZNIK, FLORALEE  
NAME  
STREET ADDRESS 4734 LUCERNE LAKES BLVD., #203  
CITY-ST-ZIP LAKE WORTH, FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE D TAXIN, AARON  
NAME  
STREET ADDRESS 4734 LUCERNE LAKES BLVD SUITE 210  
CITY-ST-ZIP LAKE WORTH, FL 33467

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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 #