

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90009 009 ****61.25

DOCUMENT # N97000000472

1. Entity Name

FAIRWAY LAKES DRIVE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3300 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33065**

**951 BROKEN SOUND PARKWAY
 STE 250
 BOCA RATON FL 33487-3506
 US**

2. Principal Place of Business

8081 Aberdeen Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

City & State

4. FEI Number

65-0762117

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COMMUNITY ASSOCIATION SERVICES
 951 BROKEN SOUND PKWY # 250
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** Delete
 NAME **BLACK, CHARLES**
 STREET ADDRESS **3300 UNIVERSITY DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **PD** Delete
 NAME **EISNER, NEIL**
 STREET ADDRESS **951 BROKEN SOUND PKWY, # 250**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **ST** Delete
 NAME **DIFIORE, CORA**
 STREET ADDRESS **951 BROKEN SOUND PKWY, # 250**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Change Addition
 NAME **Daniel Andreacci**
 STREET ADDRESS **8081 Aberdeen Dr.**
 CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE **VPD** Change Addition
 NAME **Tom Pagnotta**
 STREET ADDRESS **8081 Aberdeen Dr.**
 CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE Change Addition
 NAME
 STREET ADDRESS **8081 Aberdeen Dr.**
 CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE Change Addition
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 NAME
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #