

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

0059634

05-01-2001 90092 041 \*\*\*\*61.25

**DOCUMENT # N97000006136**

1. Entity Name

**FAIRWAY ISLES AT OLIVE TREE HOMEOWNERS' ASSOCIAT**

Principal Place of Business

Mailing Address

~~2176 JOG RD~~  
~~GREENACRES FL 33415~~  
~~US~~

~~P O BOX 541959~~  
~~LAKE WORTH FL 33454~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**ASSOCIATED PROP MGMT**

Suite, Apt. #, etc.

**400 S DIXIE HWY #10**

City & State  
**LAKE WORTH FL**

Zip  
**33460**

Country  
**USA**

3. Mailing Address

**ASSOCIATED PROP MGMT**

Suite, Apt. #, etc.

**400 S DIXIE HWY #10**

City & State  
**LAKE WORTH FL**

Zip  
**33460**

Country  
**USA**

4. FEI Number

**65-0824170**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~RAUCH, H~~  
~~2176 JOG RD~~  
~~GREENACRES FL 33415~~

7. Name and Address of New Registered Agent

Name  
**ASSOCIATED PROPERTY MGMT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**400 S DIXIE HWY #10**  
**LAKE WORTH**  
 City  
**FL** Zip Code  
**33460**

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

*Rosemary McKessy, VP Regent*

**4/3/01**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	RAUCH, HARRY	
STREET ADDRESS	2176 JOG RD	
CITY-ST-ZIP	GREENACRES FL 33415	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WEINBERG, LEONARD	
STREET ADDRESS	2176 JOG RD	
CITY-ST-ZIP	GREENACRES FL 33415	
TITLE	DST	<input type="checkbox"/> Delete
NAME	VAUGHN, ROSEANNE	
STREET ADDRESS	2176 JOG RD	
CITY-ST-ZIP	GREENACRES FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*HARRY RAUCH*

**4/24/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)