

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90495 047 \*\*\*\*61.25

**DOCUMENT # N97000006136**

1. Entity Name

**FAIRWAY ISLES AT OLIVE TREE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
ASSOCIATED PROP MGMT 400 S DIXIE HWY, 10 LAKE WORTH FL 33460 US	ASSOCIATED PROP MGMT 400 S DIXIE HWY 10 LAKE WORTH FL 33460 US

2. Principal Place of Business	3. Mailing Address
	<b>1929 LAKE WORTH ROAD</b>

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
	<b>LAKE WORTH, FL</b>

Zip	Country	Zip	Country
		<b>33461</b>	

4. FEI Number	Applied For
<b>65-0824170</b>	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
----------------------------------	--------------------------	---------------------------------------



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASSOCIATED PROPERTY MGMT**  
**400 S DIXIE HWY 10**  
**LAKE WORTH FL 33460**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP RAUCH, HARRY 2176 JOG RD GREENACRES FL 33415 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEINBERG, LEONARD 2176 JOG RD GREENACRES FL 33415 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VAUGHN, ROSEANNE 2176 JOG RD GREENACRES FL 33415 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	DAVID Remsen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1817 Fishers Pl West Palm Beach FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barbra Sharp <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14N2 FAIRWAY CIR West Palm <b>President</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIA SCHAEFER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1255 Olympic Circle West Palm Beach FL <b>Secretary</b>
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	<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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0036353

CR2E037 (9/01)