

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90107 042 ****61.25

DOCUMENT # **N97000006136**



1. Entity Name
FAIRWAY ISLES AT OLIVE TREE HOMEOWNERS' ASSOCIATION, INC.

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

Mailing Address
**1928 LAKE WORTH ROAD
LAKE WORTH FL 33461
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
clo Associated Prop.

3. Mailing Address
clo Associated Prop Mgmt

Suite, Apt. #, etc.
1928 Lake Worth Rd

Suite, Apt. #, etc.
1928 Lake Worth Rd

City & State
Lake Worth, FL

City & State
Lake Worth, FL

4. FEI Number **65-0824170**

Applied For
 Not Applicable

Zip
33461

Country

Zip
33461

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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
Associated Prop. Mgmt.

Street Address (P.O. Box Number is Not Acceptable)
1928 Lake Worth Rd.

City
Lake Worth FL Zip Code
33461

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/03

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DP REMSEN, DAVID 1817 FISHERS PL WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHARP, BARBRA 1442 FAIRWAY CIR WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHAEFER, MARIA 1255 OLYMPIC CIRCLE WEST PALM BEACH FL	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Carol Glasser 1291 Olympic Circle West Palm Bch, FL 33413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sara Fonseca 1057 Debole Beach Lane West Palm Bch, FL 33413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Marling 1422 Fairway Circle West Palm Bch, FL 33413	<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
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: **RECEIVED**

561-697-3084

CR2E037 (10/02)