

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003543

FILED
Apr 30, 2004
Secretary of State

Entity Name: FAIRWAY PARK RETIREMENT HOME INC.

Current Principal Place of Business:

16324 S.W. 99TH COURT
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

16324 S.W. 99TH COURT
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0900575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARSAUD, INDRANI S
15569 SW 138TH PLACE
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DAO () Delete
Name: SINGH, SAVITRIE J
Address: 11120 SW 174 TERR
City-St-Zip: MIAMI, FL 33157

Title: DAAO () Delete
Name: SINGH, JAGNARAIN
Address: 11120 SW 174 TERR
City-St-Zip: MIAMI, FL 33157

Title: DP () Delete
Name: RAMPERSAND, SANDRA
Address: 11120 SW 174 TERR
City-St-Zip: MIAMI, FL 33157

Title: TP () Delete
Name: PRASAD, INDRANI
Address: 11120 SW 174 TERR
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: RAMPERSAND, LACHMAN
Address: 11257 SW 167 ST
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: SINGH, NARI MAHENDRA
Address: 11257 SW 167 ST
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INDRANI S. PARSAUD

TP

04/30/2004

Electronic Signature of Signing Officer or Director

Date