

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90271 008 ***150.00

DOCUMENT # P96000059500 1. Entity Name GARDENS ON THE FAIRWAY, INC.					
Principal Place of Business 7900 GLADES ROAD SUITE 420 BOCA RATON, FL 33434			Mailing Address 7900 GLADES ROAD SUITE 420 BOCA RATON, FL 33434		
2. Principal Place of Business 7900 Glades Rd. Suite, Apt. #, etc. Suite #600		3. Mailing Address 7900 Glades Rd. Suite, Apt. #, etc. Suite #600			
City & State Boca Raton, FL Zip Country 33434 Palm Beach		City & State Boca Raton FL. Zip Country 33434 Palm Beach		4. FEI Number 65-0684425	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TOPPEL, MICHAEL 7900 GLADES ROAD SUITE 420 BOCA RATON, FL 33434				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7900 Glades Rd. Suite #600 City Boca Raton FL Zip Code 33434	
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 Michael Toppel VP 4/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOPPEL, HAROLD 7900 GLADES ROAD, SUITE 420 BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Harold Toppel 7900 Glades Rd. Suite #600 Boca Raton, FL 33434		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TOPPEL, MICHAEL 7900 GLADES ROAD, SUITE 4220 BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael Toppel 7900 Glades Rd. Suite #600 Boca Raton, FL 33434		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TOPPEL, JONATHAN 7900 GLADES ROAD, SUITE 420 BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jonathan, Toppel 7900 Glades Rd. Suite #600 Boca Raton, FL 33434		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sheri Sauer 7900 Glades Rd. Suite #600 Boca Raton, FL 33434		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kevin Kassebaum 7900 Glades Rd. Suite #600 Boca Raton, FL 33434		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 607, 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: Harold Toppel President 4/19/05 561-451-4696 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					