2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P96000059500 1. Entity Name GARDENS ON THE FAIRWAY, INC.								04-25-2005	90271 ()08 ***15	0.00	
Principal Place												
7900 GLADE	S ROAD		7900 GLADES ROAD									
SUITE 420 Boca Raton, Fl. 33434			SUITE 420 Boca Raton, Fl. 33434									
DOCK INTON, IE 33434 DOCK INTON, IE 33434									ni a diai a ig a i			
2. Principal P	lace of Busine	ss	3. Mailing Address									
7900_Glades Rd.			7900 Glades Rd				,,					
Suite, Apt. #, etc. Suite #600			Suite, Apt. #, etc. Suite #600				01172005	Chg-P	CR2E	034 (10/03)		
City & State			City & State				4. FEI Numb	er		- Ap	plied For	
Boca Raton, FL			Boca Raton FL.				65-068	4425		No	t Applicable	
Zip Country		Zip	try	5. Certificate of Status Desired				\$8.75 Additional				
3343	33434 Palm Beach 6. Name and Address of Curre		33434	n Beac	each Fe				Fee Required			
	b. Name a	ind Address of Current H	Name				7. Name and Address of New Registered Agent					
TOPPEL, MICHAEL												
7900 GLADES ROAD					Street Address (P.O. Box Number is Not Acceptable)							
SUITE 420 BOCA RATON, FL 33434					7900 Glades Rd. Suite #600							
,					City	Воса	Raton		FL	Zip Code 3343	e 4	
8. The above named entity submits this statement for the propose 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 Y Michael Toppel VP 4/19/07												
Signature, tysed or printed name of registed Magent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.	r	OFFICERS AND D		11.			ADDITIONS	CHANGES TO OFF	FICERS ANI			
TITLE	DP	IAPOLD	Delete	E E	DP	Mana 1 d	Т1		X Change	Addition		
NAME TOPPEL, HAROLD STREET ADDRESS 7900 GALDES ROAD, SUTIE 420				ET ADDRESS		Harold Toppel 7900 Glades Rd. Suite			#600			
CITY-ST-ZIP		ON, FL 33434		-ST-ZIP			aton,_FL					
TITLE	DVP		☐ Delete	TITLE	Ê	DVP				Change	Addition	
NAME	TOPPEL, MICHAEL				E		Michael Toppel			21		
STREET ADDRESS CITY-ST-ZIP		DES ROAD, SUITE 422	0	ET ADDRESS - ST- ZIP			lades Rd.		#600			
	DST	ON, FL 33434				~	Boca_Raton, FL_33434			X Change	☐ Addition	
TITLE NAME	TOPPEL, J	ONATHAN	☐ Delete	TITLE		DVP	Jonatha	an, Toppel		X Change	Addition	
STREET ADDRESS		ES RAOD, SUITE 420			ET ADDRESS			lades Rd.		#600		
CITY+ST+ZIP	BOCA RAT	ON, FL 33434		CITY	-ST-ZIP		Boca Ra	aton, FL 3	3434			
TITLE			☐ Delete	TITLE		ST	Sheri S	Sauar		Change	X Addition	
NAME CZOSET ADDOSEGO				NAM				lades Rd.	Suita	#600		
STREET ADORESS CITY-ST-ZIP					ET ADDRESS -St-ZIP			aton, FL 3		11 000		
TITLÉ			☐ Delete	TITLE		TREA			3-73-7	☐ Change	X) Addition	
NAME			C BOOK	NAM			Kevin I	Kassebaum			1	
STREET ADDRESS				STRE	ET ADDRESS			lades Rd.		#600	•	
CITY-ST-ZIP				CITY	-ST-ZIP		Boca Ra	aton, FL 3	3434			
TITLE			Delete	TITLE						Change	Addition	
NAME STREET ADDRESS				. NAM STRE	E Et address	}						
CITY-ST-ZIP					-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Toppel President