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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34489 (7)**

1. Corporation Name
FAIRWAY CLUB CONDOMINIUM B ASSOCIATION, INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/2/89	3a. Date of Last Report
4. FEI Number 65-0159210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 198.037 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Office of Business	26. Mailing Address
21. Suite, Apt. No.	27. Suite
22. City & State	28. City & State
23. Zip	29. Zip
24. County	30. County

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
B1. Name	B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)	B2. Street Address (P.O. Box Number is Not Acceptable)
B3. City	B3. City
B4. State	B4. State
B5. Zip Code	B5. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____
(Signature must be printed name of registered agent and title of agent) (Signature of Registered Agent required when appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANZINGER, SAUL	12 NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD #203	13 STREET ADDRESS	
CITY, ST, ZIP	LAKE WORTH, FL	14 CITY, ST, ZIP	
TITLE	PD	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTOR, GLORIA	16 NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD #302	17 STREET ADDRESS	
CITY, ST, ZIP	LAKE WORTH, FL	18 CITY, ST, ZIP	
TITLE	SD	19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, MANNY	20 NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD #115	21 STREET ADDRESS	
CITY, ST, ZIP	LAKE WORTH, FL	22 CITY, ST, ZIP	
TITLE	DT	23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTER, ROSE	24 NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD #403	25 STREET ADDRESS	
CITY, ST, ZIP	LAKE WORTH, FL	26 CITY, ST, ZIP	
TITLE	D	27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMOND, SEYMOUR	28 NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD #205	29 STREET ADDRESS	
CITY, ST, ZIP	LAKE WORTH, FL	30 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of a change, or on an attachment with an address.

SIGNATURE: *Rose Kanter, Rose Kanter 5/6/95*
(Signature and typed or printed name of signing officer or director)
 1-407-9695470