

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **719055 (4)**
1. Corporation Name
FAIRWAYS RIVIERA ASSOCIATION, INC.

Principal Place of Business Mailing Address
250 Diplomat Pkwy. Hallandale, FL 33009 **250 Diplomat Pkwy. Hallandale, FL 33009**

2. Principal Place of Business	2a. Mailing Address
21 250 Diplomat Pkwy.	26 250 Diplomat Pkwy.
State, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23 Hallandale FL	28 Hallandale, FL
Zip	Zip
24 33009	29 33009
Country	Country
25 USA	30 USA

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3. Date Incorporated or Qualified	3a. Date of Last Report
1970	
4. FEI Number	Applied For
59-1288193	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	John Matthews
82 Street Address (P.O. Box Number is Not Acceptable)	1007 N. 16th Ct.
83	
84 City	Hallandale, FL
85 Zip Code	33009

11. Pursuant to the provisions of Sections 609, 610, 611, 612, and 613, 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, Florida Statutes.

SIGNATURE: *John Matthews* DATE: *July 7, 1995*

12. ADDITIONAL OFFICERS AND DIRECTORS IN 12

111 TITLE	PRESIDENT
112 NAME	Lowell Weinerman
113 STREET ADDRESS	200 Diplomat Pkwy. #631
114 CITY, ST, ZIP	Hallandale, FL 33009
121 TITLE	VICE PRESIDENT
122 NAME	Yvette Fields
123 STREET ADDRESS	300 Diplomat Pkwy. #416
124 CITY, ST, ZIP	Hallandale, FL 33009
131 TITLE	SECRETARY
132 NAME	Henry Klee
133 STREET ADDRESS	300 Diplomat Pkwy. #614
134 CITY, ST, ZIP	Hallandale, FL 33009
141 TITLE	TREASURER
142 NAME	Norman Couf
143 STREET ADDRESS	300 Diplomat Pkwy. #315
144 CITY, ST, ZIP	Hallandale, FL 33009
151 TITLE	Harry Ziff
152 NAME	Harry Ziff
153 STREET ADDRESS	300 Diplomat Pkwy. 417
154 CITY, ST, ZIP	Hallandale, FL 33009
161 TITLE	Selma Gelb
162 NAME	Selma Gelb
163 STREET ADDRESS	200 Diplomat Pkwy. #634
164 CITY, ST, ZIP	Hallandale, FL 33009

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

111 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
121 NAME	Mildred Gerstein
122 STREET ADDRESS	200 Diplomat Pkwy. #633
123 CITY, ST, ZIP	Hallandale, FL 33009
211 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
221 NAME	
231 STREET ADDRESS	
241 CITY, ST, ZIP	
311 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
321 NAME	
331 STREET ADDRESS	
341 CITY, ST, ZIP	
411 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
421 NAME	
431 STREET ADDRESS	
441 CITY, ST, ZIP	
511 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
521 NAME	
531 STREET ADDRESS	
541 CITY, ST, ZIP	
611 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
621 NAME	
631 STREET ADDRESS	
641 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included 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, a director of the corporation or the receiver or the other empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Lowell Weinerman* 7-7-95 305-487-8348