

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N34489 (7)
1. Corporation Name
FAIRWAY CLUB CONDOMINIUM "B" ASSOC., INC.

Principal Place of Business Mailing Address
G.R.S. MANAGEMENT ASSOC., INC.
3900 WOODLAKE BLVD, STE #201
LAKE WORTH, FL 33463

3. Date Incorporated or Qualified **10/2/89** 3a. Date of Last Report **4/6/95**
4. FEI Number **65-0159210** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKE WORTH, FL 33463

10. Name and Address of New Registered Agent
81 Name **ROSE KANTER**
82 Street Address (P.O. Box Number is Not Acceptable) **4725 LUCERNE LAKES BLVD. # 403**
83 City **LAKE WORTH FL** 85 Zip Code **33467**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Rose Kanter Secy.* DATE **4/13/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	11 TITLE	<input checked="" 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	33467
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTOR, GLORIA	22 NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD #302	23 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH, FL	24 CITY - ST - ZIP	33467
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, MANNY	32 NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD #115	33 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH, FL	34 CITY - ST - ZIP	33467
TITLE	DT <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTER, ROSE	42 NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD #403	43 STREET ADDRESS	700001831367
CITY - ST - ZIP	LAKE WORTH, FL	44 CITY - ST - ZIP	-05/21/96--01034--017
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMOND, SEYMOUR	52 NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD #205	53 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH, FL	54 CITY - ST - ZIP	33467
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Rose Kanter Secy.* DATE: **4/13/96** 407-641-8554
Signature and Typed or Printed Name of Signing Officer or Director Daytime Phone #

CR2E037 (12/95)