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FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34489 (7)
 1. Corporation Name
FAIRWAY CLUB CONDOMINIUM B ASSOCIATION, INC.



Principal Place of Business C/O G.R.S. MGMT. ASSOCIATES, INC 8900 WOODLAKE BLVD., STE 201 LAKE WORTH FL 33463	Mailing Address C/O G.R.S. MGMT. ASSOCIATES, INC 3900 WOODLAKE BLVD., STE 201 LAKE WORTH FL 33463-3045
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3. Date Incorporated or Qualified 10/02/1989	3a. Date of Last Report 05/20/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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4. FEI Number 65-0159210	Applied For <input type="checkbox"/> 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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KANTER, ROSE
 4725 LUCERNE LAKES BLVD., #403
 LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD <input type="checkbox"/> DELETE
NAME	DANZIGER, SAUL
STREET ADDRESS	4725 LUCERNE LAKES BLVD., #203
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	PD <input type="checkbox"/> DELETE
NAME	CANTOR, GLORIA
STREET ADDRESS	4725 LUCERNE LAKES BLVD., #302
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	D <input type="checkbox"/> DELETE
NAME	KESSLER, MANNY
STREET ADDRESS	4725 LUCERNE LAKES BLVD., #115
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	DT <input type="checkbox"/> DELETE
NAME	KANTER, ROSE
STREET ADDRESS	4725 LUCERNE LAKES BLVD., #403
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	SD <input type="checkbox"/> DELETE
NAME	RICHMOND, SEYMOUR
STREET ADDRESS	4725 LUCENCE LAKES BLVD., #205
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *Seymour Richmond* 4/3/97 *S. J. Jones*

CR2E037 (9/96)