


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 10 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Bandra B. Mortham</b> 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 3900 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
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3. Date Incorporated or Qualified  
**10/02/1989**

4. FEI Number  
**65-0159210**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DANZIGER, SAUL</b>	1.2 NAME	<b>NUGENT, WILLIAM</b>
STREET ADDRESS	<b>4725 LUCERNE LAKES BLVD., #203</b>	1.3 STREET ADDRESS	<b>4725 LUCERNE LAKES BLVD, # 21</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	1.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANTOR, GLORIA</b>	2.2 NAME	
STREET ADDRESS	<b>4725 LUCERNE LAKES BLVD., #302</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KESSLER, MANNY</b>	3.2 NAME	
STREET ADDRESS	<b>4725 LUCERNE LAKES BLVD., #115</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANTER, ROSE</b>	4.2 NAME	
STREET ADDRESS	<b>4725 LUCERNE LAKES BLVD., #403</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHMOND, SEYMOUR</b>	5.2 NAME	
STREET ADDRESS	<b>4725 LUCENCE LAKES BLVD., #205</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **REQUIRED** *meas. 4/98 561-641-8554*

CP2E037 (10/97)