

FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

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03-10-1999 90080 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34489

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/02/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0159210-
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KANTER, ROSE 4725 LUCERNE LAKES BLVD., #403 LAKE WORTH FL 33467		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUGENT, WILLIAM	1.2 NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD., #21	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTOR, GLORIA	2.2 NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD., #302	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, MANNY	3.2 NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD., #115	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANTER, ROSE	4.2 NAME	DT ARLAN, SOL
STREET ADDRESS	4725 LUCERNE LAKES BLVD., #403	4.3 STREET ADDRESS	4725 LUCERNE LAKES BLVD #207
CITY-ST-ZIP	LAKE WORTH FL 33467	4.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMOND, SEYMOUR	5.2 NAME	
STREET ADDRESS	4725 LUCENCE LAKES BLVD., #205	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRE** 3/1/99 Date 561-641-8554 Daytime Phone #

CR2E037 (11/98)