

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

0054462

DOCUMENT # N34489

1. Entity Name

FAIRWAY CLUB CONDOMINIUM B ASSOCIATION, INC.

03-15-2001 90193 036 ****61.25

00025265



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 C/O G.R.S. MGMT. ASSOCIATES, INC C/O G.R.S. MGMT. ASSOCIATES, INC
 3900 WOODLAKE BLVD., STE 201 3900 WOODLAKE BLVD., STE 201
 LAKE WORTH FL 33463 LAKE WORTH FL 33463
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
65-0159210 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CANTOR, GLORIA
4725 LUCERNE LAKES BLVD., #302
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	NUGENT, WILLIAM	
STREET ADDRESS	4725 LUCERNE LAKES BLVD., #21	
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	ARLAN, SOL	
STREET ADDRESS	4725 LUCERNE LAKES BLVD, #207	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VPD	<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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date Daytime Phone #

CR2E037 (10/00)