

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90036 031 ****61.25

DOCUMENT # 719055

1. Entity Name

FAIRWAYS RIVIERA ASSOCIATION, INC.

Principal Place of Business

250 DIPLOMAT PARKWAY
 HALLANDALE FL 33009

Mailing Address

250 DIPLOMAT PARKWAY
 HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1288193**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLINER, LISA ANNE
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEINERMAN, LOWELL	
STREET ADDRESS	250 DIPLOMAT PARKWAY	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FIELDS, YVETTE	
STREET ADDRESS	250 DIPLOMAT PARKWAY, #416	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZIFF, HENRY <i>Henry</i>	
STREET ADDRESS	250 DIPLOMAT PARKWAY	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *1-28-02* Daytime Phone #: *954-457-8344*

CR2E037 (9/01)