


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90054 015 ****61.25

DOCUMENT # N34489

1. Entity 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 US

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

50006236



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc
G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463

Suite, Apt. #, etc
G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0159210

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANTOR, GLORIA
4725 LUCERNE LAKES BLVD., #302
LAKE WORTH, FL 33467

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NUGENT, WILLIAM 4725 LUCERNE LAKES BLVD #211 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANTOR, GLORIA 4725 LUCERNE LAKES BLVD., #302 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSLER, MANNY 4725 LUCERNE LAKES BLVD., #115 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARLAN, SOL 4725 LUCERNE LAKES BLVD, #207 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHULMAN, MAXINE 4725 LUCERNE LAKES BLVD #410 LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: Gloria Cantor 1/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date