


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90026 001 ****61.25

DOCUMENT # N34489 1. Entity Name FAIRWAY CLUB CONDOMINIUM B ASSOCIATION, INC.	
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Principal Place of Business GRS MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD., STE 309 LAKE WORTH, FL 33463 US	Mailing Address GRS MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD., STE 309 LAKE WORTH, FL 33463 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01172006 Chg-NP CR2E037 (11/05)

City & State Zip Country	City & State Zip Country
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4. FEI Number 65-0159210	Applied For <input type="checkbox"/> Not Applicable
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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
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NUGENT, WILLIAM	NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD #211	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	
TITLE	PD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CANTOR, GLORIA	NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD., #302	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	
TITLE	D	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	KESSLER, MANNY	NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD., #115	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	
TITLE	DT	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ARLAN, SOL	NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD. #207	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	
TITLE	SD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SHULMAN, MAXINE	NAME	
STREET ADDRESS	4725 LUCERNE LAKES BLVD #410	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sol Arlan SOL ARLAN, TREAS. 2/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #