


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90028 010 ****61.25

DOCUMENT # N34489
 1. Entity Name
FAIRWAY CLUB CONDOMINIUM B ASSOCIATION, INC.



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

40018767



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0159210

Applied For
 Not Applicable

City & State

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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD
 NAME NUGENT, WILLIAM Delete
 STREET ADDRESS 4725 LUCERNE LAKES BLVD #211
 CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD
 NAME CANTOR, GLORIA Delete
 STREET ADDRESS 4725 LUCERNE LAKES BLVD., #302
 CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME KESSLER, MANNY Delete
 STREET ADDRESS 4725 LUCERNE LAKES BLVD., #115
 CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DT
 NAME ARLAN, SOL Delete
 STREET ADDRESS 4725 LUCERNE LAKES BLVD, #207
 CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME SHULMAN, MAXINE Delete
 STREET ADDRESS 4725 LUCERNE LAKES BLVD #410
 CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *Gloria Cantor*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2/13/07* Daytime Phone #