

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719055

**FILED**  
**Feb 29, 2016**  
**Secretary of State**  
**CC0339713218**

**Entity Name:** FAIRWAYS RIVIERA ASSOCIATION, INC.

**Current Principal Place of Business:**

250 DIPLOMAT PARKWAY  
HALLANDALE, FL 33009

**Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL  
2950 N 28 TERRACE  
HOLLYWOOD, FL 33020 US

**FEI Number:** 59-1288193

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WASSERSTEIN, P.A.  
301 YAMATO ROAD  
SUITE 2199  
BOCA RATON, FL 33431 US

*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:** DAN WASSERSTEIN P.A.

02/29/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CONNERY, ELYSE  
Address        250 DIPLOMAT PKWY  
City-State-Zip: HALLANDALE FL 33009

Title            SECRETARY  
Name            CREGAN, ADELE  
Address        250 DIPLOMAT PKWY  
City-State-Zip: HALLANDALE FL 33009

Title            VP  
Name            CUNNINGHAM, ALBERT  
Address        250 DIPLOMAT PKWY  
City-State-Zip: HALLANDALE FL 33009

Title            DIRECTOR  
Name            NADON, ANDRE  
Address        250 DIPLOMAT PKWY  
City-State-Zip: HALLANDLE FL 33009

Title            TREASURER  
Name            SOUTHWICK, BARBARA  
Address        250 DIPLOMAT PARKWAY  
City-State-Zip: HALLANDALE FL 33009

Title            DIRECTOR  
Name            MOORE, MARK  
Address        250 DIPLOMAT PARKWAY  
City-State-Zip: HALLANDALE FL 33009

Title            DIRECTOR  
Name            FINELLO, DUANE  
Address        250 DIPLOMAT PARKWAY  
City-State-Zip: HALLANDALE FL 33009

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELYSE CONNERY

**PRESIDENT**

02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date