

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738976

**Entity Name:** THE FAIRWAYS OF BOCA LAGO CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 02, 2023**  
**Secretary of State**  
**3884376992CC**

**Current Principal Place of Business:**

9039 VISTA DEL LAGO  
BOCA RATON, FL 33428

**Current Mailing Address:**

9039 VISTA DEL LAGO  
BOCA RATON, FL 33428 US

**FEI Number: 59-1849337**

**Certificate of Status Desired: Yes**

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

KLEIN, MILLBERG  
5550 GLADES ROAD #500  
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: KLEIN MILLBERG**

**03/02/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           BASSO, RICHARD  
Address       8521 CASA DEL LAGO #34B  
City-State-Zip: BOCA RATON FL 33433

Title           TREASURER  
Name           WINER, SUELLEN  
Address       8413 CASA DEL LAGO #18B  
City-State-Zip: BOCA RATON FL 33433

Title           SECRETARY  
Name           SILVERSTEIN, SUSAN  
Address       21217 LAGO CIRCLE #6A  
City-State-Zip: BOCA RATON FL 33433

Title           DIRECTOR  
Name           SHARF, SUSAN  
Address       8411 CASA DEL LAGO #17A  
City-State-Zip: BOCA RATON FL 33433

Title           VP  
Name           WEINMAN, EDWARD  
Address       8310 CASA DEL LAGO #1F  
City-State-Zip: BOCA RATON FL 33433

Title           DIRECTOR  
Name           SHAPIRO, STUART  
Address       8535 CASA DEL LAGO #37E  
City-State-Zip: BOCA RATON FL 33433

Title           DIRECTOR  
Name           MCCAFFERY, JUDY  
Address       8315 CASA DEL LAGO #4G  
City-State-Zip: BOCA RATON FL 33433

*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: RICHARD BASSO**

**PRESIDENT**

**03/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date