


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90006 015 ****61.25

DOCUMENT # 725026
 1. Entity Name
FAIRCREST 14 MAINTENANCE CORP. INC.



44002236

Principal Place of Business
**6990 NW 71 ST
 TAMARAC, FL 33321 US**

Mailing Address
**8211 W. BROWARD BLVD.
 SUITE PH-1
 PLANTATION, FL 33324 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

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

01072004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-1512394

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRECO, TONY
 6990 NW 71 ST.
 TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

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 _____
 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, 2004**

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 **D** Delete
 NAME **OBERLANDER, MARVIN**
 STREET ADDRESS **7117 NW 71 STREET**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **D** Change Addition
 NAME **MARVIN OBERLANDER**
 STREET ADDRESS **7117 NW 71 ST.**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **PD** Delete
 NAME **GRECO, ANTHONY**
 STREET ADDRESS **7002 NW 71 AVENUE**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **PD** Change Addition
 NAME **TONY GRECO**
 STREET ADDRESS **7002 NW 71 AVE**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **SD** Delete
 NAME **STOCKHAMMER, FLORENCE**
 STREET ADDRESS **6714 NW 71 STREET**
 CITY-ST-ZIP **TAMARAC, FL 33321**

Change Addition

TITLE **TD** Delete
 NAME **CAPUTO, JOSEPHINE**
 STREET ADDRESS **6801 NW 73 STREET**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **TD** Change Addition
 NAME **SANDRA BARTIKOFSKY**
 STREET ADDRESS **6715 NW 70 CT**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **BMD** Delete
 NAME **STROBER, CHARES**
 STREET ADDRESS **7010 NW 66 TERRACE**
 CITY-ST-ZIP **TAMARAC, FL 33321**

Change Addition

TITLE **TD** Delete
 NAME **BARTIKOFSKY, SANDRA**
 STREET ADDRESS **6715 NW 70 COURT**
 CITY-ST-ZIP **TAMARAC, FL 33321**

Change 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: Tony Greco - TONY GRECO 1-13-04 9547267069
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #