


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 725026					
1. Entity Name FAIRCREST 14 MAINTENANCE CORP. INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1512394	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRECO, TONY 6990 NW 71 ST. TAMARAC, FL 33321			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRECO, ANTHONY			NAME	
STREET ADDRESS	7002 MW 71 AVE			STREET ADDRESS	U00000783526
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	01/16/08-80018-017 61.25
TITLE	1V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABATINO, TONY			NAME	
STREET ADDRESS	7001 NW 73 AVE			STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILZIG, HILDA			NAME	
STREET ADDRESS	6712 NW 70 STREET			STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	
TITLE	2V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSHER, ROBERT			NAME	
STREET ADDRESS	7103 NW 72 AVE			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321			CITY-ST-ZIP	
TITLE	BMD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTALBANO, LENORE			NAME	
STREET ADDRESS	7107 NW 60TH AVE			STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Tony Greco Pres</i>				1/8/08 954-722-9117	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	