## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#725026** 

City-St-Zip:

TAMARAC, FL 33321

FILED Feb 02, 2009 Secretary of State

Entity Name: FAIRCREST 14 MAINTENANCE CORP. INC.

**Current Principal Place of Business: New Principal Place of Business:** 6990 NW 71 ST TAMARAC, FL 33321 LIS **Current Mailing Address: New Mailing Address:** 8211 W. BROWARD BLVD. SUITE PH-1 PLANTATION, FL 33324 US FEI Number: 59-1512394 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KATZMAN & KORR 1501 NORTHWEST 49TH ST. SECOND FLOOR FT. LAUDERDALE, FL 33309 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GRECO, ANTHONY Name: Name: 7002 MW 71 AVE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SABATINO, TONY Name: Address: 7001 NW 73 AVE Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WILZIG, HILDA Name: KUDLER, SANDRA Name: 6712 NW 70 STREET 7200 NW 69TH AVE. Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: 2V ( ) Delete Title: 2V (X) Change ( ) Addition Name: MOSHER, ROBERT Name: LEVINE, GINA 6707 NW 70TH STREET Address: 7103 NW 72 AVE Address: City-St-Zip: FORT LAUDERDALE, FL 33321 City-St-Zip: FORT LAUDERDALE, FL 33321 Title: **BMD** () Delete Title: (X) Change ( ) Addition MONTALBANO, LENORE MONTALBANO, LENORE Name: Name: 7107 NW 60TH AVE 7107 NW 69TH AVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

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TAMARAC, FL 33321

SIGNATURE: ANTHONY GRECO PD 02/02/2009