

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 737761 (7)**  
 1. Corporation Name  
**FAIRFIELD MANOR ASSOCIATES, INC.**



Principal Place of Business <b>9800 COLLINS AVENUE BAL HARBOUR FL 33154</b>	Mailing Address <b>9800 COLLINS AVENUE BAL HARBOUR FL 33154</b>
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3. Date Incorporated or Qualified <b>01/07/1977</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-1709096</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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**9. Name and Address of Current Registered Agent**

~~THISSEN, DAVID R. JR.~~  
~~9800 COLLINS AVENUE~~  
~~BAL HARBOUR FL 33154~~

**10. Name and Address of New Registered Agent**

81 Name **FRANCIS B. BURKE**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**9800 Collins Avenue**  
 83  
 84 City **Bay Harbour** FL 85 Zip Code **33154**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Francis B. Burke* DATE **4/30/96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BURKE, FRANK</b>	
STREET ADDRESS	<b>9800 COLLINS AVE</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>THISSEN, DAVID R. JR.</del>	
STREET ADDRESS	<del>9800 COLLINS AVE</del>	
CITY-ST-ZIP	<del>BAL HARBOUR FL</del>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROY, JOHN</b>	
STREET ADDRESS	<b>9800 COLLINS AVE</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SACHER, CHARLES</b>	
STREET ADDRESS	<b>2655 LEJEUNE RD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>HELLER, DAVID</b>	
STREET ADDRESS	<b>1688 MERIDIAN AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DiPietro, Joe</b>
2.3 STREET ADDRESS	<b>9800 Collins Avenue</b>
2.4 CITY-ST-ZIP	<b>Bal Harbour, FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>000001828620</b>
4.3 STREET ADDRESS	<b>-05/20/96--01030--012</b>
4.4 CITY-ST-ZIP	<b>***61.25</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Giblin, Vincent J.</b>
6.3 STREET ADDRESS	<b>9800 Collins Avenue</b>
6.4 CITY-ST-ZIP	<b>Bal Harbour, FL</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Francis B. Burke* DATE: **4/30/96** TELEPHONE: **617-493-0580**

CR2E037 (12/95)