

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 737761 (7)

1. Corporation Name
FAIRFIELD MANOR ASSOCIATES, INC.



Principal Place of Business 9800 COLLINS AVENUE BAL HARBOUR FL 33154	Mailing Address 9800 COLLINS AVENUE BAL HARBOUR FL 33154
--	--

3. Date Incorporated or Qualified 01/07/1977	
4. FEI Number 59-1709096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**BURKE, FRANCIS D
9800 COLLINS AVENUE
BAL HARBOUR FL 33154**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Robert Maute* **MAUTE** 4/30/98 **305 861-8090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)