

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-16-2002 90034 034 ****61.25

93116



DO NOT WRITE IN THIS SPACE

DOCUMENT # 737761

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1709096

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BURKE, FRANCIS D
9800 COLLINS AVENUE
BAL HARBOUR FL 33154

7. Name and Address of New Registered Agent

Name **DIPIETRO, JOE**

Street Address (P.O. Box Number is Not Acceptable)

9800 COLLINS AVE

City **BAL HARBOUR**

FL

Zip Code

33154

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	FD	<input checked="" type="checkbox"/> Delete
NAME	BURKE, FRANK	
STREET ADDRESS	9800 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	P President	<input type="checkbox"/> Delete
NAME	DIPIETRO, JOE	
STREET ADDRESS	9800 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	V vice president	<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 300 71 St. #301	
CITY-ST-ZIP	MIAMI BEACH FL Miami Bch FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCHARRAH, FRED	
STREET ADDRESS	9800 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marian Thissen	
STREET ADDRESS	9800 Collins Avenue	
CITY-ST-ZIP	Bal Harbour, FL	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred McGarrah	
STREET ADDRESS	9800 Collins Avenue	
CITY-ST-ZIP	BAL Harbour, FL	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Laing	
STREET ADDRESS	9800 Collins Avenue	
CITY-ST-ZIP	Bal Harbour, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 officer 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 this address, with all authority empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Daytime Phone #

305-861-8090

CR2E037 (9/01)