
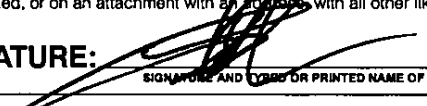


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90141 016 ****61.25

| | | | | | |
|--|----------------------------------|--|---|---|--|
| 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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1709096 | |
| 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 | | |
| HAUSER, MARC 9800 COLLINS AVENUE BAL HARBOUR, FL 33154 | | | 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 September 6, 2006 | | 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 | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VALOIS, DENISE | | NAME | Billam, Anthony | |
| STREET ADDRESS | 9800 COLLINS AVE | | STREET ADDRESS | 9800 Collins Ave | |
| CITY-ST-ZIP | BAL HARBOUR, FL 33154 | | CITY-ST-ZIP | Bal Harbour FL 33154 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREENBERG, SHIRLEY | | NAME | | |
| STREET ADDRESS | 9800 COLLINS AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BAL HARBOUR, FL 33154 | | CITY-ST-ZIP | | |
| TITLE | VP Director | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALLAGHER, HELEN | | NAME | | |
| STREET ADDRESS | 9800 COLLINS AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BAL HARBOUR, FL 33154 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EGAN, NANCY L | | NAME | | |
| STREET ADDRESS | 9800 COLLINS AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BAL HARBOUR, FL 33154 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HELLER, DAVID A | | NAME | | |
| STREET ADDRESS | 600 71 STREET | | STREET ADDRESS | 901 NE 125 St #107 | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33154 | | CITY-ST-ZIP | N. Miami FL 33161 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAUSER, MARC | | NAME | | |
| STREET ADDRESS | 9800 COLLINS AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BAL HARBOUR, FL 33154 | | 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 reports 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 all other like empowered. | | | | | |
| SIGNATURE:  | | D. Heller | | 7/13/06 305 895-5808 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |

40099385



07132006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-1709096 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

| | |
|--|--------------------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

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| NAME | HAUSER, MARC | | NAME | | |
| STREET ADDRESS | 9800 COLLINS AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BAL HARBOUR, FL 33154 | | 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 reports 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 all other like empowered.

SIGNATURE:  D. Heller 7/13/06 305 895-5808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #