


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90985 018 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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
**DIPIETRO, JOE
9800 COLLINS AVENUE
BAL HARBOUR FL 33154**

7. Name and Address of New Registered Agent
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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCGARRAH, FRED	
STREET ADDRESS	9800 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DIPIETRO, JOE	
STREET ADDRESS	9800 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	VPD	<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	300 71 ST., #301	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THUSSEN, MARIAN VALOIS DENISE	
STREET ADDRESS	9800 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 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 an address with all other like empowered.

SIGNATURE: *[Signature]* **REQUIREMENT** **4/29/03** **305-861-8090**

CR2E037 (10/02)