

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90030 004 ****61.25



DOCUMENT # N28710		1. Entity Name		FAIRFAX NEIGHBORHOOD ASSOCIATION, INC.	
Principal Place of Business		Mailing Address			
4373 ROCK ISLAND RD LAUDERHILL FL 33319 US		4373 ROCK ISLAND RD LAUDERHILL FL 33319 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0072310	
Zip		Country		Applied For Not Applicable	
				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		
REFESIN, MURRAY C/O MULI /CAMPBELL 4373 ROCK ISLAND RD LAUDERHILL FL 33319			Name GUREWITZ , MURRAY		
			Street Address (P.O. Box Number is Not Acceptable)		
			4373 ROCK ISLAND RD.		
			City LAUDERHILL		
			FL Zip Code 33319		
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		<i>Murray Gurewitz</i>		DATE 4-9-05	
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 Due By May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	2 VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUREWITZ, MURRAY		NAME	SCHWARTZ, HERB	
STREET ADDRESS	7574 FAIRFAX DR		STREET ADDRESS	7646 Fairfax DR.	
CITY-ST-ZIP	TAMARAC FL		CITY-ST-ZIP	TAMARAC - FL. 33321	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDAZZO, RANDY		NAME		
STREET ADDRESS	7219 FAIRFAX DR		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		CITY-ST-ZIP		
TITLE	2VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, WILLIAM		NAME		
STREET ADDRESS	7450 FAIRFAX DR.		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REFFSIN, MURRAY		NAME		
STREET ADDRESS	7242 FAIRFAX DR		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, ALVIN		NAME		
STREET ADDRESS	7342 FAIRFAX		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Murray Gurewitz* *Pre.* **4-8-05** **954-726-5871**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #