

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30231

1. Corporation Name

FAIRFAX CONDOMINIUM A ASSOCIATION, INC.

Principal Place of Business

4373 ROCK ISLAND RD.
LAUDERHILL FL 33319
US

Mailing Address

4373 ROCK ISLAND RD.
LAUDERHILL FL 33319
US

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90191 050 ****61.25

138236-00000



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/18/1989

4. FEI Number

65-0092307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

NEMEROFF DORIS
7209 FAIRFAX DR
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

JOHN TIGHT DORIS NEMEROFF
82 Street Address (P.O. Box Number is Not Acceptable)
4373 ROCK ISLAND ROAD

83

84 City

LAUDERHILL

FL

85 Zip Code

33319

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 *Doris Nemeroff*
Signature, typed or printed name of registered agent and title if applicable

Doris Nemeroff
(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME VD
STREET ADDRESS HIRSCHFELD, ROBERT
CITY-ST-ZIP 7255 FAIRFAX DR.
TAMARAC FL

TITLE ☐ DELETE
NAME VD
STREET ADDRESS KOSSIN, BILL
CITY-ST-ZIP 7217 FAIRFAX DR.
TAMARAC FL

TITLE ☐ DELETE
NAME PD
STREET ADDRESS RANDAZZO, RANDY
CITY-ST-ZIP 7219 FAIRFAX DR.
TAMARAC FL

TITLE ☐ DELETE
NAME TD
STREET ADDRESS HELLER, SID
CITY-ST-ZIP 7227 FAIRFAX DR.
TAMARAC FL

TITLE ☐ DELETE
NAME SD
STREET ADDRESS NEMEROFF, DORIS
CITY-ST-ZIP 7209 FAIRFAX DR.
TAMARAC FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 this attachment with an address, with all other like empowered.

SIGNATURE: *Robert Hirschfeld*
Signature and typed or printed name of signing officer or director

2-8-99
Date

954 720-1825
Daytime Phone #

CR2E037 (11/98)