

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90135 045 \*\*\*\*61.25

**DOCUMENT # N30231**

1. Entity 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**

**54053506**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0092307**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**RANDAZZO, BENJAMIN  
4373 ROCK ISLAND RD.  
LAUDERHILL, FL 33319**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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	2VPD	<input type="checkbox"/> Delete
NAME	HIRSCHFELD, ROBERT	
STREET ADDRESS	7255 FAIRFAX DR.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	KOSSIN, BILL	
STREET ADDRESS	7217 FAIRFAX DR.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RANDAZZO, BENJAMIN	
STREET ADDRESS	7219 FAIRFAX DRIVE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMON, TED	
STREET ADDRESS	7233 FAIRFAX DR	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NEMEROFF, DORIS	
STREET ADDRESS	7209 FAIRFAX DR.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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STREET ADDRESS		
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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 or without the empowerment.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/04 954-720-1825