

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90089 008 ****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**

40014300



2. Principal Place of Business - No P.O. Box #

4800 North State Road 7

3. Mailing Address

4800 North State Road 7

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

Lauderdale Lakes, Florida

City & State

Lauderdale Lakes, Florida

Zip

33319

Country

USA

Zip

33319

Country

USA

01092007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0092307

Applied For

Not Applicable

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

Robert Hirschfeld

Street Address (P.O. Box Number is Not Acceptable)
4800 North State Road 7

Suite 105

City

Lauderdale Lakes

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 **ROBERT HIRSCHFELD**

1/9/07

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, 2007**

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** ☐ Delete
NAME **HIRSCHFELD, ROBERT**
STREET ADDRESS **7255 FAIRFAX DR.**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **1VPD** ☒ Delete
NAME **KOSSIN, BILL**
STREET ADDRESS **7217 FAIRFAX DR.**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **PD** ☐ Delete
NAME **RANDAZZO, BENJAMIN**
STREET ADDRESS **7219 FAIRFAX DRIVE**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **T** ☐ Delete
NAME **SIMON, TED**
STREET ADDRESS **7233 FAIRFAX DR**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **ST** ☐ Delete
NAME **NEMEROFF, DORIS**
STREET ADDRESS **7209 FAIRFAX DR.**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Hirschfeld, Robert**
STREET ADDRESS **7255 Fairfax Drive**
CITY-ST-ZIP **TAMARAC, Florida 33321**

TITLE **Vice President #2** ☐ Change ☒ Addition
NAME **ROSEN, ROBERT**
STREET ADDRESS **7271 Fairfax Drive**
CITY-ST-ZIP **TAMARAC, Florida 33321**

TITLE **Vice President #1** ☒ Change ☐ Addition
NAME **RANDAZZO, Benjamin**
STREET ADDRESS **7219 Fairfax Drive**
CITY-ST-ZIP **TAMARAC, Florida 33321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: **Robert Hirschfeld - Robert Hirschfeld**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/07 904-720-7255

Daytime Phone #