

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90943 019 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

**NEMEROFF DORIS  
4373 ROCK ISLAND RD.  
LAUDERHILL FL 33319**

Name **Benjamin Randazzo**  
Street Address (P.O. Box Number is Not Acceptable)  
**4373 Rock Island Rd  
Lauderhill FL 33319**  
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

**3-20-03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE:

*Benjamin Randazzo*

954  
739-1600

CR2E037 (10/02)