

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N34470** (7)

1. Corporation Name

**FAIRFAX CONDOMINIUM F ASSOCIATION, INC.**



Principal Place of Business: 3500 GATEWAY DRIVE SUITE 202 POMPANO BEACH FL 33069  
Mailing Address: 3500 GATEWAY DRIVE SUITE 202 POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: 10/03/1989  
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, City & State, and Zip/Country.

4. FEI Number: 65-0149262  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent: ~~FRIEDMAN, ROSLYN 7443 FAIRFAX DR TAMARAC 33321~~  
10. Name and Address of New Registered Agent: 81 Name: HERMAN MALMID, 82 Street Address: 7423 FAIRFAX DR., 83 City: TAMARAC, FL 85 Zip Code: 33321

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 617.0203, Florida Statutes.

SIGNATURE: *Herman Malmid* 1-30-96 305-720-3782  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE: VD	NAME: FIDEL, AL	1.1 TITLE: S.D.	1.2 NAME: MALMID, HERMAN
STREET ADDRESS: 7477 FAIRFAX DRIVE	CITY-ST-ZIP: TAMARAC FL	1.3 STREET ADDRESS: 7423 FAIRFAX DR.	1.4 CITY-ST-ZIP: TAMARAC, FL. 33321
TITLE: PD	NAME: LEOPOLD, IRENE	2.1 TITLE: T.D.	2.2 NAME: V.P.D.
STREET ADDRESS: 7449 FAIRFAX DRIVE	CITY-ST-ZIP: TAMARAC FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: S	NAME: SINGER, BEA	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 7479 FAIRFAX DR	CITY-ST-ZIP: TAMARAC FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: D	NAME: EGANG, PAULINE	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 7427 FAIRFAX DR.	CITY-ST-ZIP: TAMARAC FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: R	NAME: BERMAN, ROBERT	5.1 TITLE: P.D.	5.2 NAME: ROBERT BERMAN
STREET ADDRESS: 7447 FAIRFAX DR.	CITY-ST-ZIP: TAMARAC FL	5.3 STREET ADDRESS: 7477 FAIRFAX DR.	5.4 CITY-ST-ZIP: TAMARAC FL. 33321
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an attachment with an address.

SIGNATURE: *Robert Berman* 1-29-96 305-726-0733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)