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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
~~MDS~~
3500 GATEWAY DRIVE SUITE 202
POMPANO BEACH FL 33069

Mailing Address
~~MDS~~
3600 GATEWAY DRIVE SUITE 202
POMPANO BEACH FL 33069-4870

3. Date incorporated or Qualified 10/03/1989
3a. Date of Last Report 02/21/1996

2. Principal Place of Business
21 4373 ROCK ISLAND RD
Suite, Apt. #, etc.

2a. Mailing Address
26 4373 ROCK ISLAND RD
Suite, Apt. #, etc.

22

23 LAUDERHILL, FL.
City & State
Zip 33319 Country

27 LAUDERHILL, FL.
City & State
Zip 33319 Country

4. FEI Number 65-0149262
Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$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
MALMID, HERMAN
7423 FAIRFAX DRIVE
TAMARAC 33321

10. Name and Address of New Registered Agent
81 Name TRICARICO, ANITA
82 Street Address (P.O. Box Number is Not Acceptable) 7475 FAIRFAX DR.
83
84 City TAMARAC FL 85 Zip Code 33321

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 *Anita Tricarico* DATE 4/1/97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD FIDEL, AL <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIDEL, AL	1.2 NAME
STREET ADDRESS	7477 FAIRFAX DRIVE	1.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP
TITLE	TD LEOPOLD, IRENE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEOPOLD, IRENE	2.2 NAME
STREET ADDRESS	7449 FAIRFAX DRIVE	2.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP
TITLE	VPD SINGER, BEA <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, BEA	3.2 NAME
STREET ADDRESS	7479 FAIRFAX DR	3.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP
TITLE	SD MALMID, HERMAN <input type="checkbox"/> DELETE	4.1 TITLE YPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALMID, HERMAN	4.2 NAME
STREET ADDRESS	7423 FAIRFAX DRIVE	4.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP
TITLE	PD BERMAN, ROBERT <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, ROBERT	5.2 NAME
STREET ADDRESS	7447 FAIRFAX DR.	5.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME SD TRICARICO, ANITA
STREET ADDRESS		6.3 STREET ADDRESS 7475 FAIRFAX DR.
CITY-ST-ZIP		6.4 CITY-ST-ZIP TAMARAC, FL.

14. I do 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 an attachment with an address.

SIGNATURE: *Robert Berman* ROBERT BERMAN 3-2-97 DATE 954 746 0733 DAYTIME PHONE # 0025907

CR2E037 (9/96)