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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34470

1. Corporation Name

FAIRFAX CONDOMINIUM F ASSOCIATION, INC.

Principal Place of Business

4373 ROCK ISLAND RD.
LUADERHILL FL 33319
US

Mailing Address

4373 ROCK ISLAND RD.
LUADERHILL FL 33319
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

10/03/1989

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

9. Name and Address of Current Registered Agent

TRICARICO, ANITA
7454 FAIRFAX DR.
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name ANITA TRICARICO
82 Street Address (P. O. Box Number is Not Acceptable) 610 MWI CAMPBELL
83 4373 ROCK ISLAND RD.
84 City LAUDERHILL FL 85 Zip Code 33319

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2/1/99

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	TRICARICO, ANITA	
STREET ADDRESS	7475 FAIRFAX DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEOPOLD, IRENE	
STREET ADDRESS	7449 FAIRFAX DRIVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SINGER, BEA	
STREET ADDRESS	7479 FAIRFAX DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MALMID, HERMAN	
STREET ADDRESS	7423 FAIRFAX DRIVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERMAN, ROBERT	
STREET ADDRESS	7447 FAIRFAX DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)