

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34470

1. Entity Name

FAIRFAX CONDOMINIUM F ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4373 ROCK ISLAND RD.
LUADERHILL FL 33319
US

4373 ROCK ISLAND RD.
LUJERHILL FL 33319-4520
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0149262

Applied For

Not Applicable

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

TRICARICO, ANITA
C/O MWI/CAMPBELL
4373 ROCK ISLAND RD
LAUDERHILL FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE *Robert Berman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-18-2000
DATE

**FILE NOW:
FEE IS \$81.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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 all other like empowered.

SIGNATURE: *Robert Berman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-2000
Date

954-726-0718
Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90197 029 ****61.25

CR2E037 (9/99)