

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90103 004 ****61.25



DOCUMENT # N34470				1. Entity Name		FAIRFAX CONDOMINIUM F ASSOCIATION, INC.	
Principal Place of Business				Mailing Address			
4373 ROCK ISLAND RD. LAUDERHILL FL 33319 US				4373 ROCK ISLAND RD. LUAERHILL FL 33319 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GERR, JANET C/O MWI/CAMPBELL 4373 ROCK ISLAND RD LAUDERHILL FL 33319				Name MALMID, HERMAN			
				Street Address (P.O. Box Number is Not Acceptable)			
				4373 ROCK ISLAND RD.			
				City LAUDERHILL		FL	
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 <i>Herman Malmid</i>				DATE			
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEMP, DOROTHY			NAME	MALMID, HERMAN		
STREET ADDRESS	7435 FAIRFAX DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	1 VP.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEOPOLD, IRENE			NAME	Silver, Thea		
STREET ADDRESS	7449 FAIRFAX DRIVE			STREET ADDRESS	7506 FAIRFAX DR.		
CITY-ST-ZIP	TAMARAC FL			CITY-ST-ZIP	TAMARAC - FL. 33321		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	2 VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BERMAN, ROBERT			NAME	FIDEL, 'AL'		
STREET ADDRESS	7447 FAIRFAX DR			STREET ADDRESS	7332 FAIRFAX DR.		
CITY-ST-ZIP	TAMARAC FL			CITY-ST-ZIP	TAMARAC - FL. 33321		
TITLE	1VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALMID, HERMAN			NAME			
STREET ADDRESS	7423 FAIRFAX DR			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33321			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: <i>Herman Malmid</i>				DATE			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0149262 Applied For Not Applicable

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