


**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90014 013 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N34470</b>					
1. Entity Name FAIRFAX CONDOMINIUM F ASSOCIATION, INC.					
Principal Place of Business 4373 ROCK ISLAND RD. LAUDERHILL, FL 33319 US			Mailing Address 4373 ROCK ISLAND RD. LAUDERHILL, FL 33319 US		
2. Principal Place of Business - No P.O. Box # 4800 North State Road 7		3. Mailing Address 4800 North State Road 7			
Suite, Apt. #, etc. Suite 105		Suite, Apt. #, etc. Suite 105			
City & State Lauderdale Lakes, Florida		City & State Lauderdale Lakes, Florida		4. FEI Number 65-0149262	
Zip 33319		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	
8. Name and Address of Current Registered Agent  MALID, HERMAN 4373 ROCK ISLAND RD LAUDERHILL, FL 33319			7. Name and Address of New Registered Agent Name <u>Herman Malmid</u> Street Address (P.O. Box Number Is Not Acceptable) <u>4800 North State ROAD 7</u> <u>Suite 105</u> City <u>Lauderdale Lakes, FL</u> Zip Code <u>33319</u>		
6. 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 <u>Herman Malmid</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEMP, DOROTHY 7435 FAIRFAX DRIVE TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kemp, Dorothy 7435 Fairfax Drive TAMARAC, FL 33321		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete LEOPOLD, IRENE 7449 FAIRFAX DRIVE TAMARAC, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Berman, Betty 7447 Fairfax Drive TAMARAC, Florida 33321		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete MALMID, HERMAN 7423 FAIRFAX DR FORT LAUDERDALE, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP <input type="checkbox"/> Delete SILVER, THEA 7506 FAIRFAX DR TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP <input type="checkbox"/> Delete FIDEL, AL 7332 FAIRFAX DR TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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: <u>Herman Malmid</u> <u>HERMAN MALMID</u> <u>1-9-07</u> <u>954</u> <u>720-3782</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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