

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34495 (4)

1. Corporation Name

FAIRFAX CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7600 NOB HILL ROAD
TAMARAC FL 33321

~~C/O GOLDMAN & JUDA, PA
7771 W OAKLAND PARK BLVD. STE 201
FT. LAUDERDALE FL 33351
US~~



3. Date Incorporated or Qualified

10/02/1989

3a. Date of Last Report

03/15/1995

4. FEI Number

65-0226176

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SCHOLL BURTON
7632 FAIRFAX DR
TAMARAC FL 33321~~

81 Name **CHRISTOPHER J. FLUEHR**
82 Street Address (P.O. Box Number is Not Acceptable)
3500 GATEWAY DR. #202
83
84 City **POMPANO BEACH FL** 85 Zip Code **33069**

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 617.0502, Florida Statutes.

SIGNATURE

Christopher J. Fluehr 1/23/96

Signature of agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when initiating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **VD
SCHWARTZ, HERBERT**
STREET ADDRESS **7646 FAIRFAX DR**
CITY-ST-ZIP **TAMARAC FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VD
HIRSCHBEIN, JACK**
STREET ADDRESS **7656 FAIRFAX DR**
CITY-ST-ZIP **TAMARAC FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **SD
SCHERL, ABRAHAM**
STREET ADDRESS **7680 FAIRFAX DR**
CITY-ST-ZIP **TAMARAC FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **PD
FISCH, MARTIN**
STREET ADDRESS **7648 FAIRFAX DRIVE**
CITY-ST-ZIP **TAMARAC FL**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **TD
GOLDBERG, SHELDON**
STREET ADDRESS **7676 FAIRFAX DR**
CITY-ST-ZIP **TAMARAC FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Martin E. Fisch 1/26/96 721-2311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)