FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(4)

FAIRFAX CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business
7500 NOD HILL ROAD
TAMARAO FL 83321

Mailing Address

FILED Apr 08 1997 8:00am Secretary of State



7800-NOS-HILL-ROAD TAMARAO FL 83321		C/O GOLDMAN & JUDA: PA 7771 W- Oakland Pard B evd. Ste 201 Ft. L <u>auderdale Fl. 33351-678</u> 7 US		3.	Date Incorporated or Qualified	3a. Date of Las	st Report	7
					10/02/1989	02/14/		_
2. Principal Place of Business 2a. Mailing Address					FEI Number 65-0226176		Applied For	-
	3 ROCK ISLAND	1373 ROCK IS	LAND ROA	b	00 0220110		Not Applicable	-
Suite, Apt.		Suite, Apt. #, etc.		5.	Certificate of Status Desired	1 7	5 Additional Required	
City & State 23 LAUDERHILL FL		City & State 28 LAUDERHILL, FL.			Election Campaign Financing Trust Fund Contribution		DO May Be ed to Fees	
Zip Country		Zip Country			This corporation has liability for		er s. 199.032,	
24 3331		29 333)9 30	<u>45</u>		Florida Statutes Name and Address of New R	Yes No		┨
	9. Name and Address of Current	Hegistered Agent	81 Name			egistered Agent	·	1
E4 1 1 E4 4 D	, CHRISTOPHER J			56	IME			
	82 Street	Address (P	O. Box Number is Not Accepta	ible)				
3500 O/	83 43	13 /	OCK ISLAND RI	ono		1		
POMPANO BEACH FL 33069								1
			84 City	ALINTO I	(Li) I	FL 85 -2	ip Code 33319	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named	d corporation	submits this statement for the	nurnose of changin	a ite registered	1
office or r	egistered agents or both, in the State of m familiar with and accept the obligat	of Ftorida. Such change was auth tions of, Section 617,0503, Elorid	norized by the cor la Statutes.	rporation's be	pard of directors. I hereby acce	ept the appointment	as registered	
SIGNATURE	at III but attacks	a. Theele				1/9/91	7	
	Signature, typed or printed name or registered agent	nid title if applicable. (NOTE R	egistered Agent signature			p/A1E		<u>ا</u>
12.	ØFFICERS AND	DIRECTORS DELETE	13.		DDITIONS/CHANGES 10 OFFI	ICERS AND DIRECT		90
TITLE	VD	Γ_7 DETE IE	1.1 TITLE	TD	BEIN, RAY	LI Glian	ie 🖂 vogition	1.
NAME	SCHWARTZ, HERBERT 7646 FAIRFAX DR		1.2 NAME 1.3 STREET ADDRESS	7668	FAIRFAX DR.			18
STREET ADDRESS	TAMARAC FL		1.4 CITY-ST-ZIP	Tami	BEIN, RAY FAIRFAX DR. ARAC, FL.			R2E037
CITY-ST-ZIP TITLE	VD	DELETE	2.1 TITLE			Chan	ge 🔲 Addition	싾
NAME	HIRSCHBEIN, JACK	<u></u>	2.2 NAME			- ·	- —	
STREET ADDRESS	7656 FAIRFAX DR		2 3 STREET ADDRESS					
CITY-ST-ZIP	TAMARAC FL		2. 4 CITY-ST-ZIP					
TITLE	SD	DELETE	31 TITLE			☐ Chan	ge Addition	1
NAME	SCHERL, ABRAHAM		3.2 NAME					
STREET ADDRESS	7680 FAIRFAX DR		3.3 STREET ADDRESS					
CITY-ST-ZIP	TAMARAC FL	······································	3 4. CITY - ST - ZIP	ļ		2.		
TITLE	PD STOCK MARTIN	☐ DELETE	4.1 TITLE			L) Chan-	ge [] Addilion	
NAME	FISCH, MARTIN		4. 2 NAME					
STREET ADDRESS	7648 FAIRFAX DRIVE		4.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	TAMARAC FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	<u> </u>		☐ Chan	ge Addition	1
		L-J DELETE	5.1 HILE 5.2 NAME			L. Chair	- LI AMILION	
NAME Street address			5.2 NAME 5.3 STREET ADDRESS					
CITY-ST-ZIP			54 City-St-Zip				×	1
TITLE		DELETE	6.1 TITLE			Chan	ge Addition	L .
NAME			62 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6 4 CITY - ST - ZIP					1
						4.4. (1		٦.

I do 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 foceiver 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 anon-an attack ment with an address.