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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34495

1. Corporation Name

FAIRFAX CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business Mailing Address								
C/O MWI PROPERTY MANAGEMENT 4373 ROCK ISLAND RD 4373 ROCK ISLAND RD 4373 ROCK ISLAND RD 4374 ROCK ISLAND RD 4375 ROCK ISLAND RD 4375 ROCK ISLAND RD 4376 ROCK ISLAND RD 4377 ROCK ISLAND RD 4378 ROCK ISLAND R			NAGEMENT					
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qual 10/02/1989	ifed	•	
21 Cuita Ant	4 1	Suite, Apt. #, etc.			4. FEI Number.		App	lied For -
Suite, Apt.	н, etc.	27			65-0226176	,	<u> </u>	Applicable
City & Stat		City & State			5. Certificate of Status Desire	d 🗆	\$8.75 A	I
23		28			o. Certificate of Status Dosite	<u> </u>	Fee Rec	
Zip	Country	Zip	Country	<i>'</i>	6. Election Campaign Finance	ing 🖂	\$5.00 i Added to	, ,
24	25	29	30		Trust Fund Contribution 10. Name and Address of N	ew Registered		7 1 6 6 5
	9. Name and Address of Curren	r Kedistelen Wäeur	81	Name	10 Hallio dita Madicas of it	2 -1		
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	CHRISTOPHER J XXISLAND RD.		82	Etreet Addre	ess (P.O. Box Number is Not Aco	ceptable)		_
	ILL FL 83319		83	112	12 POONTA	ID RD		,
الرامان	ILL I L apolo		84	City /	DICOCA ISCAL	UD NO	85 Zip C	ode >19
	to the provisions of Sections 617.0502	- 1047 4500 51 - 14 OLL	#	<i>L</i> -1-1	PUDERHILL Protion submits this statement for	the numose of	changing its r	registered
office or r	egistered agent, or both, in the State of m.familiar with, and accept the obligat	of Florida, Such change was a	autnorized Di	the corporatio	n's board of directors. I hereby a	ccept the appo	intrnerit as reg	istered
CICMATHDE		re				1	//7/	
SIGNATURE	7 7 7 7 7 7			int signature required	when reinstating)	DATE	VD DIRECTOR	
12.	OFFICERS AN	D DIRECTORS	13.	int signature required	when reinstating) ADDITIONS/CHANGES TO			
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14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SNATURE AND WYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/99 Date

FILED

03-03-1999 90043 009 ****61.25

Mar 03, 1999 8:00 am § Secretary of State

72/-23// Daytime Phone # R2E037 (11/98)