


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

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90129 012 \*\*\*\*61.25

<b>DOCUMENT # N34495</b>	
1. Entity Name	
FAIRFAX CONDOMINIUM I ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
C/O MWI PROPERTY MANAGEMENT 4373 ROCK ISLAND RD LAUDERHILL FL 33319 US	C/O MWI PROPERTY MANAGEMENT 4373 ROCK ISLAND RD LAUDERHILL FL 33319 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/04)

4. FEI Number	Applied For
65-0226176	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
JEFFERBAUM, HARVEY 4373 ROCK ISLAND RD. LAUDERHILL FL 33319	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to:</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	SCHWARTZ, HERBERT
STREET ADDRESS	7646 FAIRFAX DR
CITY-ST-ZIP	TAMARAC FL
TITLE	VD
NAME	HISCHBEIN, JACK
STREET ADDRESS	7658 FAIRFAX DRIVE
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	TD
NAME	SCHERL, ABRAHAM
STREET ADDRESS	7680 FAIRFAX DR
CITY-ST-ZIP	TAMARAC FL
TITLE	PD
NAME	BAER, RALPH
STREET ADDRESS	7644 FAIRFAX DR
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	SD
NAME	JEFFERBAUM, HARVEY
STREET ADDRESS	7642 FAIRFAX DR
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD
NAME	SCHWARTZ, HERBERT
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	2 vp
NAME	HISCHBEIN, JACK
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	1 VP
NAME	REISNER, STANLEY
STREET ADDRESS	7660 FAIRFAX DRIVE
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	Treas.
NAME	KATZ, FRED
STREET ADDRESS	7656 Fairfax Dr
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	2 vp
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:**  **4/5/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #