

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-22-2007 90014 011 ****61.25

DOCUMENT # N34495 1. Entity Name FAIRFAX CONDOMINIUM I ASSOCIATION, INC.			
Principal Place of Business C/O MWI PROPERTY MANAGEMENT 4373 ROCK ISLAND RD LAUDERHILL, FL 33319 US		Mailing Address C/O MWI PROPERTY MANAGEMENT 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. 105		Suite, Apt. #, etc. 105	
City & State Lauderdale Lakes FL		City & State Lauderdale Lakes, FL	
Zip 33319		Zip 33319	
Country USA		Country USA	
4. FEI Number 65-0226176		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required ☐	
6. Name and Address of Current Registered Agent JEFFERBAUM, HARVEY 4373 ROCK ISLAND RD. LAUDERHILL, FL 33319		7. Name and Address of Now Registered Agent Name Jefferbaum, Harvey Street Address (P.O. Box Number is Not Acceptable) 4800 North State Road 7, Suite 105 City Lauderdale Lakes FL Zip Code 33319	
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 <u>Jefferbaum, Harvey</u> DATE <u>1/9/07</u> Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, HERBERT 7646 FAIRFAX DR TAMARAC, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAER, RALPH 7644 FAIRFAX DR FORT LAUDERDALE, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHOLL, BURTON 7632 FAIRFAX DR TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KATZ, ALFRED 7658 FAIRFAX DR TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZVP JEFFERBAUM, HARVEY 7642 FAIRFAX DR TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: <u>Herbert Schwartz</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Herbert Schwartz</u>	
Date <u>1-10-07</u>		Daytime Phone # <u>954-439-8784</u>	

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