

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90943 006 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**JEFFERBAUM, HARVEY  
4373 ROCK ISLAND RD.  
LAUDERHILL FL 33319**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE ☐ Change ☒ Addition  
NAME **Stanley Reisman**  
STREET ADDRESS **7646 FAIRFAX DR**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☒ **VD** ☒ Delete  
NAME **HIRSCHBEIN, JACK**  
STREET ADDRESS **7650 FAIRFAX DR**  
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ Change ☒ Addition  
NAME **Ralph Baer**  
STREET ADDRESS **7644 FAIRFAX DR**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☒ **TD** ☐ Delete  
NAME **SCHERL, ABRAHAM**  
STREET ADDRESS **7680 FAIRFAX DR**  
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ **PD** ☒ Delete  
NAME **FISCH, MARTIN**  
STREET ADDRESS **7646 FAIRFAX DRIVE**  
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ **SD** ☐ Delete  
NAME **JEFFERBAUM, HARVEY**  
STREET ADDRESS **7642 FAIRFAX DR**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **Ralph Baer**  
STREET ADDRESS **7644 FAIRFAX DR**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition  
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:**

**SIGNATURE REQUIRED**

*[Signature]*

(954)  
239-1600

CR2E037 (10/02)