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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47091 (6)
1. Corporation Name
FAIRBANKS NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1111 N RIVERSIDE DR. POMPANO BCH. FL 33062 US	Mailing Address 1111 N RIVERSIDE DR. POMPANO BEACH FL 33062-8162 US
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3. Date Incorporated or Qualified 01/28/1992	3a. Date of Last Report 02/02/1996
4. FEI Number 59-1205196	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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9. Name and Address of Current Registered Agent
**ROTOND, PAUL C.
1111 N. RIVERSIDE DR.
UNIT 401
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent
81 Name **ROBERT SCHWARZ**
82 Street Address (P.O. Box Number is Not Acceptable)
1111 N. Riverside Dr.
83 **Unit 105**
84 City **Pompano Beach** FL 85 Zip Code **33062**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *R. Schwarz, President*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTONDI, PAUL C.	1.2 NAME	Schwarz
STREET ADDRESS	1111 N RIVERSIDE DRIVE 401	1.3 STREET ADDRESS	1111 N. Riverside Dr. Apt 105
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Pompano Beach, Fl 33062
TITLE	DIRECTOR VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	Vice president, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLE, RICHARD	2.2 NAME	
STREET ADDRESS	1111 RIVERSIDE DRIVE 405	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINGHAM, SUSAN	3.2 NAME	Rotondi, Paul C.
STREET ADDRESS	1111 N RIVERSIDE DRIVE 403	3.3 STREET ADDRESS	1111 N. Riverside Drive Apt 401
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	Pompano Beach, Fl 33062
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Sec retary, Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAESNER, JACQUELINE	4.2 NAME	Wortel, Kathleen
STREET ADDRESS	1111 N RIVERSIDE DRIVE 301	4.3 STREET ADDRESS	1111 N. Riverside Dr. Apt. 406
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DIRGECTOR, TREASURER <input type="checkbox"/> DELETE	5.1 TITLE	Treasurer, Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERAFIM, JOSE	5.2 NAME	
STREET ADDRESS	1111 RIVERSIDE DRIVE 206	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. 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 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.

SIGNATURE: *R. Schwarz* **REQUIRED** **Robert Schwarz, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021876
April 10, 1997