

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 <b>1111 N RIVERSIDE DR. POMPANO BCH. FL 33062 US</b>	Mailing Address <b>1111 N RIVERSIDE DR. POMPANO BEACH FL 33062 US</b>
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3. Date Incorporated or Qualified <b>01/28/1982</b>	
4. FEI Number <b>59-1205196</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>AS ABOVE</b>	2a. Mailing Address 26 <b>AS ABOVE</b>
22 <b>401</b>	27 <b>401</b>
23	28
24	29
25	30

9. Name and Address of Current Registered Agent  
**SCHWARZ, ROBERT  
1111 N RIVERSIDE DR  
UNIT 105  
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent  
81 Name **PAUL C ROTONDI**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1111-NO. RIVERSIDE DR APT 401**  
83 **POMPANO BEACH**  
84 City **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 *[Signature]* **PAUL C ROTONDI PRES.** DATE **2/25/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHWARZ, ROBERT</b>		1.2 NAME <b>PAUL C ROTONDI</b>	
STREET ADDRESS <b>1111 N RIVERSIDE DR APT 105</b>		1.3 STREET ADDRESS <b>1111-NO. RIVERSIDE DR</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>		1.4 CITY-ST-ZIP <b>POMPANO BEACH</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CONKLE, RICHARD</b>		2.2 NAME <b>STEVEN GORDON</b>	
STREET ADDRESS <b>1111 RIVERSIDE DRIVE 405</b>		2.3 STREET ADDRESS <b>SAME</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROTONDI, PAUL C</b>		3.2 NAME <b>KATHY WORTEL</b>	
STREET ADDRESS <b>1111 N RIVERSIDE DR APT 401</b>		3.3 STREET ADDRESS <b>SAME</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WORTEL, KATHLEEN</b>		4.2 NAME <b>SCHWARZ, ROBT</b>	
STREET ADDRESS <b>1111 N RIVERSIDE DR APT 408</b>		4.3 STREET ADDRESS <b>SAME</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>TO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SERAFIM, JOSE</b>		5.2 NAME <b>SERAFIM, JOSE</b>	
STREET ADDRESS <b>1111 RIVERSIDE DRIVE 208</b>		5.3 STREET ADDRESS <b>SAME</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME <b>MADIGAN, MARY</b>	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* **PRESIDENT** DATE **2/1/98**

CR2E037 (1097)