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Feb 23, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47091**

1. Corporation Name  
**FAIRBANKS NORTH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 1111 N RIVERSIDE DR. APT. 401 POMPANO BCH. FL 33062 US	Mailing Address 1111 N RIVERSIDE DR. APT. 401 POMPANO BEACH FL 33062 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/28/1992</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1205196</b>
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	25	29
30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**ROTONOI, PAUL C.**  
1111-N RIVERSIDE DR  
APT. 401  
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHWARZ, ROBERT</b>
STREET ADDRESS	<b>1111 N RIVERSIDE DR APT 105</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GORDON, STEVEN</b>
STREET ADDRESS	<b>1111-N RIVERSIDE DR., APT. 403</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>ROTONDI, PAUL C</b>
STREET ADDRESS	<b>1111 N RIVERSIDE DR APT 401</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>WORTEL, KATHLEEN</b>
STREET ADDRESS	<b>1111 N RIVERSIDE DR APT 408</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SERAFIM, JOSE</b>
STREET ADDRESS	<b>1111-N RIVERSIDE DR., APT. 206</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MADIGAN, MARY</b>
STREET ADDRESS	<b>1111-N RIVERSIDE DR., APT. 305</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: PAUL C. ROTONDI *Paul C. Rotondi* 1/14/99 954-943-8953  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)