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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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 01/28/1992
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1205196
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

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)