

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90115 049 ****61.25

DOCUMENT # N47091

1. Entity Name

FAIRBANKS NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1111 N RIVERSIDE DR.
 APT. 401
 POMPANO BCH. FL 33062
 US

1111 N RIVERSIDE DR.
 APT. 401
 POMPANO BEACH FL 33062-8137
 US

REGISTRATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1205196

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHWARZ, ROBERT	
STREET ADDRESS	1111 N RIVERSIDE DR APT 105	
CITY-ST-ZIP	POMPANO BEACH FL	
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	D	<input type="checkbox"/> Delete
NAME	MADIGAN, MARY	
STREET ADDRESS	1111-N RIVERSIDE DR., APT. 305	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JALLY BYRNES	
STREET ADDRESS	1111 N RIVERSIDE DR APT 203	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY MADIGAN	
STREET ADDRESS	1111 N RIVERSIDE DR. APT 305	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD VAN GORDER	
STREET ADDRESS	1111 N RIVERSIDE DR APT 207	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHLEEN WORTEL	
STREET ADDRESS	1111 N RIVERSIDE DR APT 408	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jally Byrnes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00 781-3732

Date

Daytime Phone #

CR2E037 (9/99)