

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47091

**Entity Name:** FAIRBANKS NORTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1111 N RIVERSIDE DR.  
POMPANO BCH., FL 33062

**Current Mailing Address:**

P.O. BOX 823401  
PEMBROKE PINES, FL 33082 US

**FEI Number:** 59-1205196

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ACCOUNTING EDGE & MANAGEMENT  
9327-B W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

*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:** HAROLD HERNANDEZ

04/23/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           FOX, HOWARD  
Address        1111 N RIVERSIDE DR.  
City-State-Zip: POMPANO BCH. FL 33062

Title           PRESIDENT  
Name           MURDOCK, ANN  
Address        1111 N RIVERSIDE DR  
City-State-Zip: POMPANO BEACH FL 33062

Title           DIRECTOR  
Name           LITTLE, STEVEN  
Address        1111 N RIVERSIDE DR  
City-State-Zip: POMPANO BEACH FL 33062

Title           DIRECTOR  
Name           SARABANDO, MARIO  
Address        1111 N RIVERSIDE DR  
City-State-Zip: POMPANO BEACH FL 33062

Title           VP  
Name           PROSCIA, JOSEPH  
Address        1111 N. RIVERSIDE DR.  
City-State-Zip: POMPANO BEACH FL 33062

Title           CO TREASURER  
Name           CARUSO, LISA  
Address        1111 N RIVERSIDE DR.  
City-State-Zip: POMPANO BCH FL 33062

Title           SECRETARY  
Name           NORRELL, FRED  
Address        1111 N RIVERSIDE DR.  
City-State-Zip: POMPANO BCH FL 33062

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANN MURDOCK

PRESIDENT

04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date