

2018 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 802
POMPANO BCH., FL 33061 US**FEI Number:** 59-1205196**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**METHOD MANAGEMENT
3400 BEACON STREET
POMPANO BEACH, FL 33062 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:** MARK PARK

04/28/2018

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 KILKELLY, BERNARD
Address 1111 N RIVERSIDE DR
City-State-Zip: POMPANO BEACH FL 33062

Title DIRECTOR
Name MACKENZIE, JIM
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 SECRETARY
Name TULLY, KATHY
Address 1111 N RIVERSIDE DR.
City-State-Zip: POMPANO BCH FL 33062

Title DIRECTOR
Name BYRNES, AUDREY
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: KATHY TULLY**SECRETARY**

04/28/2018

Electronic Signature of Signing Officer/Director Detail

Date