

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 715082 (4)

1. Corporation Name

FAIRFAX HALL CONDOMINIUM CORP., INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/09/1968	3a. Date of Last Report 04/26/1994
4. FEI Number 59-1320167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
<del>C/O SUMMIT PROPERTY MANAGEMENT P.O. BOX 168013 PLANTATION FL 33316 35</del>		<del>C/O SUMMIT PROPERTY MANAGEMENT P.O. BOX 168013 PLANTATION FL 33316 45</del>	
2. Principal Place of Business	2a. Mailing Address	21	26
4301 NW 16 ST Suite, Apt. #, etc.	4301 NW 16 ST Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Lauderhill, FL	Lauderhill, FL	24	29
Zip	Country	Zip	Country
33313	Broward	33313	Broward

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAUDERHILL TEN MANAGEMENT CORP. 4301 N.W. 16TH ST. LAUDERHILL FL 33313		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John MacKinnon MANAGER DATE: 4/25/95  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when renaming.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROULX, REAL	1.2 NAME	P
STREET ADDRESS	4411 N.W. 16 STREET	1.3 STREET ADDRESS	NORMA DE ROSA
CITY - ST - ZIP	LAUDERHILL FL	1.4 CITY - ST - ZIP	4411 NW 16 STREET LAUDERHILL, FL
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEYAND, CATHERINE	2.2 NAME	V
STREET ADDRESS	4411 NW 16TH STREET	2.3 STREET ADDRESS	MORRIS HUNTER
CITY - ST - ZIP	LAUDERHILL, FL 00000	2.4 CITY - ST - ZIP	4411 NW 16 St. LAUDERHILL, FL
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, GEORGE	3.2 NAME	T
STREET ADDRESS	4411 NW 16TH STREET	3.3 STREET ADDRESS	MONIQUE ROUSSEAU
CITY - ST - ZIP	LAUDERHILL, FL 0	3.4 CITY - ST - ZIP	4411 NW 16 St. LAUDERHILL, FL
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSSEAU, MONIQUE	4.2 NAME	S
STREET ADDRESS	4411 N.W. 16 STREET	4.3 STREET ADDRESS	CONNIE KANAKIS
CITY - ST - ZIP	LAUDERHILL FL	4.4 CITY - ST - ZIP	4411 NW 16 St. LAUDERHILL, FL
TITLE	SD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICARGI, ANNE	5.2 NAME	V
STREET ADDRESS	4411 N.W. 16 STREET	5.3 STREET ADDRESS	RICHARD VEZINA
CITY - ST - ZIP	LAUDERHILL FL	5.4 CITY - ST - ZIP	4411 NW 16 ST LAUDERHILL, FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Norma De Rosa NORMA DE ROSA DATE: 4/25/95 733-1923  
Signature and typed or printed name of signing officer or director. Date. (Outside Phone #)