

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **715082** (4)

1. Corporation Name

FAIRFAX HALL CONDOMINIUM CORP., INC.



Principal Place of Business

Mailing Address

4301 NW 16TH ST.
LAUDERHILL FL 33313
US

4301 NW 16TH ST.
LAUDERHILL FL 33313
US

3. Date Incorporated or Qualified
08/09/1968

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **LAUDERHILL TEN MGMT CORP.**

26 **4301 NW 16 ST**

4. FEI Number
59-1320167

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

23

28 **LAUDERHILL, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

24

25

29 **33313**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DE ROSA, NORMA	
STREET ADDRESS	4411 N.W. 16 STREET	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HUNTER, MORRIS	
STREET ADDRESS	4411 NW 16TH STREET	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROUYSSSEAU, MONIQUE	
STREET ADDRESS	4411 NW 16TH STREET	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KANAKIS, CONNIE	
STREET ADDRESS	4411 N.W. 16 STREET	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VEZINA, RICHARD	
STREET ADDRESS	4411 N.W. 16 STREET	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	S	<input checked="" 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	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WEYLAND, CATHY	
6.3 STREET ADDRESS	4411 NW 16 ST.	
6.4 CITY-ST-ZIP	LAUDERHILL, FL 33313	

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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 119.07(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: X *[Signature]* **4/2/16** **305733-1922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)