

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715082 (4)**

1. Corporation Name  
**FAIRFAX HALL CONDOMINIUM CORP., INC.**



Principal Place of Business <b>LAUDERHILL TEN MGMT. CORP. 4301 NW 16 ST. LAUDERHILL FL 33313 US</b>	Mailing Address <b>LAUDERHILL TEN MGMT. CORP. 4301 NW 16 ST. LAUDERHILL FL 33313-7103 US</b>
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3. Date Incorporated or Qualified <b>08/09/1968</b>	3a. Date of Last Report <b>04/19/1996</b>
4. FEI Number <b>59-1320167</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**LAUDERHILL TEN MANAGEMENT CORP.  
4301 N.W. 16TH ST.  
LAUDERHILL FL 33313**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S DE ROSA, NORMA</b>	1.2 NAME	
STREET ADDRESS	<b>4411 N.W. 16 STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD ROUYSSAU, MONIQUE</b>	2.2 NAME	<b>JACQUELINE BRIS</b>
STREET ADDRESS	<b>4411 NW 16TH STREET</b>	2.3 STREET ADDRESS	<b>4411 NW 16 ST.</b>
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	2.4 CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D KANAKIS, CONNIE</b>	3.2 NAME	
STREET ADDRESS	<b>4411 N.W. 16 STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P VEZINA, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>4411 N.W. 16 STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V WEYLAND, CATHY</b>	5.2 NAME	
STREET ADDRESS	<b>4411 NW 16 ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ DATE **March 21/97 485-2868**

CP2E037 (9/96)