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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 717956

(7)

FAIRCONDO, INC., A CONDOMINIUM ASSOCIATION.

Principal Place	e of Business	Mailing Address	····				0111	HE BARA DIAN ARD
% BEACON 1 N OCEAN BOCA RATO		% BEACON PROPERTY 1_N_OCEAN-BLVD-#7 BOCA-RATON-FL-3343		. INC.				
					3. Date Incorporated 01/27/197		3a. Date of Last 04/10/	
	lace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	Applied For
		26 500 E. Span	ish Rive	r Blvd.	59-128842	.3		Not Applicable
		27 #18	1110		5. Certificate of Statu	s Desired	1 1	5 Additional Required
City & State	Raton, A.	City & State 28 Boca Raton	FL.		6. Election Campaign Trust Fund Contrib			00 May Be ad to Fees
Zip	Country	Zip	Country		8. This corporation ha	s liability for int	angible tax under s.	. 199.032,
24	25	²⁹ 33431	30		Florida Statutes		Yes 🗌 No	
	9. Name and Address of Currer	nt Hegistered Agent		6)	10. Name and Addre	ss of New Reg	lstered Agent	
No co.	JEAT IN INCLIA		81	Name Er	rnest W.L	حااان		
MR ERNEST W WILLIS			82	Street Addre	ss (P.O. Box Number is I			
	EAN BLVD #7		83	BRAC	ou historit	y Mgm	۲	
BOCA F	RATON FL 33432		63	500	E. Spanish	Rive	ر الحارط.#	18,
			84	City O	0	1 1100		p Code
11 Dureupot t	to the provisions of Sections 617 0500	and 617 1500 Florida Chat de		1000	CA Katon		- FL 2	ないない
or register familiar wit	to the provisions of Sections 617.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authorize tion 617.0503, Florida Statutes.	ed by the corpor	ration's board	of directors. I hereby ac	nt for the purpo cept the appoin	ise of changing its retired the state of the	registered office d agent. I am
OLONIATURE		. ~ ~ '	// / T-				-	_
	Signature, typed or printed name of registered agent		E: Registered Agent s	QUES synature required v	T W.W.L.L.	15	5-27	-94
12.	OFFICERS AN	D DIRECTORS	E: Registered Agent s	QUES synature required v	ADDITIONS/CHAN	15 3FS 10 OFFICE		-96 DRS IN 12
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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:

IGNATURE AND TYPED OR PRINTED NAME O SUMMING OFFICER OR DIRECTOR

1/2/96 395-6350