

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 # 717956 (7)
1. Corporation Name

FAIRCONDO, INC., A CONDOMINIUM ASSOCIATION,



Principal Place of Business Mailing Address
**% BEACON PROPERTY MANAGEMENT, INC.
1 N OCEAN BLVD #7
BOCA RATON FL 33432**

3. Date Incorporated or Qualified **01/27/1970** 3a. Date of Last Report **04/10/1995**

2. Principal Place of Business 2a. Mailing Address
21 **300 E. Royal Palm Rd.** 26 **500 E. Spanish River Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#18** 27 **#18**
City & State City & State
23 **Boca Raton, FL** 28 **Boca Raton, FL**
Zip Country Zip Country
24 **33431** 29 **33431** 30

4. FEI Number **59-1288423** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
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

**MR ERNEST W WILLIS
1 N OCEAN BLVD #7
BOCA RATON FL 33432**

81 Name **Ernest W. Willis**
82 Street Address (P.O. Box Number is Not Acceptable) **Beacon Property Mgmt.**
83 **500 E. Spanish River Blvd. #18**
84 City **Boca Raton** FL 85 Zip Code **33431**

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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **ERNEST W. WILLIS** 3-27-96
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	WHITE, BILLY	
STREET ADDRESS	300 E. ROYAL PALM RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LAFRENIERE, TOM	
STREET ADDRESS	300 E. ROYAL PALM ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLSON, WILLIAM	
STREET ADDRESS	300 E ROYAL PALM RD	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOURG, FLORENCE	
STREET ADDRESS	300 E. ROYAL PALM ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEON, DR.	
STREET ADDRESS	300 E ROYAL PALM RD S24C	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VTD
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *[Signature]* **Albert J. Leon Pres.** 4/2/96 395-6350
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)