

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717956 (7)**  
 1. Corporation Name  
**FAIRCONDO, INC., A CONDOMINIUM ASSOCIATION.**



Principal Place of Business <b>300 E. ROYAL PALM ROAD                  BOCA RATON FL 33432                  US</b>	Mailing Address <b>500 E. SPANISH RIVER BLVD                  SUITE 18                  BOCA RATON FL 33431                  US</b>
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3. Date Incorporated or Qualified <b>01/27/1970</b>	
4. FEI Number <b>59-1288423</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <u>500 NE Spanish River Blvd.</u>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b> <u>#18</u>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>29</b>	Zip <b>30</b>

**9. Name and Address of Current Registered Agent**

**MR ERNEST W WILLIS  
 BEACON PROPERTY MANAGEMENT  
 500 E. SPANISH RIVER BLVD #18  
 BOCA RATON FL 33431**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <u>500 NE Spanish River Blvd. #18</u>	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, BILLY	
STREET ADDRESS	300 E. ROYAL PALM RD.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	LAFRENIERE, TOM	
STREET ADDRESS	300 E. ROYAL PALM ROAD	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	COLQUITT, WALTER	
STREET ADDRESS	300 ROYAL PALM ROAD, #S1A	
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	D	<input type="checkbox"/> DELETE
NAME	WERPEHOWSKI, WILLIAM	
STREET ADDRESS	300 E ROYAL PALM ROAD, #33B	
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	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Campbell, Charles	
1.3 STREET ADDRESS	300 E. Royal Palm Rd, #35C	
1.4 CITY - ST - ZIP	Boca Raton, FL	
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	T	<input checked="" 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 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:** *Billie White* **PRESIDENT** *Billie White* 4-16-98 561-750-0040

CR2E037 (10/97)