**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 717956**

1. Corporation Name

FAIRCONDO, INC., A CONDOMINIUM ASSOCIATION,

Princip	ai Piaci	3 OT E	usiness
	ROYAL RATON		

Mailing Address

500 NE SPANISH RIVER BLVD BOCA RATON FL 33431

## FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90190 036 \*\*\*\*61.25





2. Principal P	Principal Place of Business Za. Mailing Address					Date Incorporated or Qualifed					
21		26				01/27/1970					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		Ar	pplied For		
22		27				59-1288423		==-[ <u> N</u>	ot Applicable		
City & State	8	City & State				E. C. C. L. Chatta Desired		\$8.75	Additional		
28						5. Certifcate of Status Desired		Fee R	equired		
Zip				Country		6. Election Campaign Financing		\$5.00	May Be		
24	¬					Trust Fund Contribution	, , , , , , , , , , , , , , , , , , , ,				
24	9. Name and Address of Current		30	10. Name and Address of New Registered Agent				Agent			
			- 18	31 Na	ne				_		
***	AT 127 1281 1 1A		L								
MR ERNEST W WILLIS .					82 Street Address (P.O. Box Number is Not Acceptable)						
	PROPERTY MANAGEMENT		ļ.	33	-		***				
	PANISH RIVER BLVD #18		1	~							
BOCA RA	TON FL 33431		Īŧ	34 City	,			85 Zip Code			
	INCOME TO THE PROPERTY OF THE						PL				
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statute	es, the about	ove-nam	ed corpo	ration submits this statement for the	purpose of t the appoi	changing its intment as re	registered		
office of n	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 617.0503, Flor	rida Statut	es.	o poranti	no board or directors. I horeof decep					
-		,									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered A	gent signa	ure required	when reinstating)	DATE				
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO			
TITLE	PD	☐ DELETE	\$.1 TITL	E				☐ Change	Addition		
NAME	WHITE, BILLY		1.2 NAM	E							
STREET ADDRESS	300 E. ROYAL PALM RD.		1.3 STR	EET ADDR	ss						
-	BOCA RATON FL		4	1.4 CITY-ST-ZIP							
CITY-ST-ZIP TITLE		☐ DELETE	2.1 TITL					☐ Change	☐ Addition		
	VTD.	_ 5ctr./c	ŧ					—. <b>•</b>			
NAME	LAFRENIERE, TOM		•	2.2 NAME 2.3 STREET ADDRESS							
STREET ADDRESS	300 E. ROYAL PALM ROAD				:55						
CITY-ST-ZIP	BOCA RATON FL	<u> </u>	_	Y-ST-ZIP				Change	Addition		
TITLE	SD . ODELETE			3.1 TITLE				Change			
NAME	CAMPBELL, CHARLES	į.l	3.2 NAM	E	Ţ						
STREET ADDRESS	300 E ROYAL PALM RD #35C		3.3 STR	EET ADDR	≅ss		•				
CITY-ST-ZIP	BOCA RATON, FL 00000		3.4. CIT	Y-ST-ZIP							
TITLE .	T	DELETE	4.1 TITL	E	3/1	7		Change	☐ Addition		
NAME	BOURG, FLORENCE	•	4. 2 NA	Æ				1			
STREET ADDRESS	300 E. ROYAL PALM ROAD			EET ADDR	ESS						
				-ST-ZIP							
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE	5.1 TITL					Change	Addition		
TITLE	D	□ occeie	5.1 HILL 5.2 NAM				,				
NAME	WERPEHOWSKI, WILLIAM					•					
STREET ADDRESS	<del></del>	∤B		EET ADDR	565						
CITY-ST-ZIP	BOCA RATON FL			-ST-ZIP							
πιε· · · ∫ î.		☐ DELETE	6.1 TITU		- [			Change	☐ Addition		
NAME	GERT ENERGY TO		6.2 NAM	E	ĺ						
STREET ADDRESS	BEN WART	•	6.3 STR	EET ADDR	ESS						
CITY-ST-ZIP			6.4 CIT	-ST-ZIP				•			

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, with all other like empowered.

SIGNATURE: