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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737761

1. Corporation Name

FAIRFIELD MANOR ASSOCIATES, INC.

Principal Place of Business:

9800 COLLINS AVENUE
 BAL HARBOUR FL 33154

Mailing Address

9800 COLLINS AVENUE
 BAL HARBOUR FL 33154



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/07/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1709096	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

BURKE, FRANCIS D
 9800 COLLINS AVENUE
 BAL HARBOUR FL 33154

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP
NAME	BURKE, FRANK	1.2 NAME	CLARE PERRY
STREET ADDRESS	9800 COLLINS AVE	1.3 STREET ADDRESS	9800 COLLINS AVE
CITY-ST-ZIP	BAL HARBOUR FL	1.4 CITY-ST-ZIP	BAL HARBOUR FL
TITLE	D	2.1 TITLE	
NAME	DIPIETRO, JOE	2.2 NAME	
STREET ADDRESS	9800 COLLINS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ROY, JOHN	3.2 NAME	
STREET ADDRESS	9800 COLLINS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	SACHER, CHARLES	4.2 NAME	
STREET ADDRESS	2655 LEJEUNE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	HELLER, DAVID	5.2 NAME	
STREET ADDRESS	1688 MERIDIAN AVENUE	5.3 STREET ADDRESS	300 - 71 ST. ST. # 301
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MCHARRAH, FRED	6.2 NAME	
STREET ADDRESS	9800 COLLINS AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	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, with all other like empowered.

SIGNATURE: *X CLARE B PERRY* *CLARE B PERRY* X 4-29-99 305-861-8090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)