

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90141 016 ****61.25

DOCUMENT # 737761

1. Entity 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**

40099385



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-1709096

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAUSER, MARC
9800 COLLINS AVENUE
BAL HARBOUR, FL 33154**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME ~~VALOIS, DENISE~~
STREET ADDRESS ~~9800 COLLINS AVE~~
CITY-ST-ZIP ~~BAL HARBOUR, FL 33154~~

TITLE ☐ Change ☒ Addition
NAME **Billam, Anthony**
STREET ADDRESS **9800 Collins Ave**
CITY-ST-ZIP **Bal Harbour FL 33154**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **GREENBERG, SHIRLEY**
CITY-ST-ZIP **9800 COLLINS AVENUE
BAL HARBOUR, FL 33154**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ~~VP~~ **Director**
STREET ADDRESS **GALLAGHER, HELEN**
CITY-ST-ZIP **9800 COLLINS AVE
BAL HARBOUR, FL 33154**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **EGAN, NANCY L**
CITY-ST-ZIP **9800 COLLINS AVE
BAL HARBOUR, FL 33154**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HELLER, DAVID A**
CITY-ST-ZIP ~~600 71 STREET~~
~~MIAMI BEACH, FL 33154~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **901 NE 125 St #107**
CITY-ST-ZIP **N. Miami FL 33161**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **HAUSER, MARC**
CITY-ST-ZIP **9800 COLLINS AVENUE
BAL HARBOUR, FL 33154**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE:

D. Heller

7/13/06

305 895-5808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #