

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **743730** (4)

1. Corporation Name

**FAIRFIELD APARTMENTS CONDOMINIUM ASSOCIATION, IN C.**

Principal Place of Business

Mailing Address

C/O ASSOCIATED PROPERTY MANAGEMENT  
400 S DIXIE HWY, SUITE 10  
LAKE WORTH FL 33460

C/O ASSOCIATED PROPERTY MANAGEMENT  
400 S DIXIE HWY, SUITE 10  
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/27/1978

04/07/1994

4. FEI Number

Applied For

59-1888916

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for retroactive tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASSOCIATED PROPERTY MANAGEMENT  
400 S DIXIE HWY, SUITE 10  
LAKE WORTH FL 33460

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Register (check or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD  
NAME: DOANE, ROBERT  
STREET ADDRESS: 2303 S FEDERAL HWY 8  
CITY ST ZIP: BOYNTON BCH, FL

11 TITLE: TD  
12 NAME: Barbara Bellemann  
13 STREET ADDRESS: 2309 S. Federal Hwy, #4  
14 CITY ST ZIP: Boynton Beach, FL

TITLE: PD  
NAME: VENTURA, DANTE  
STREET ADDRESS: 2309 S FEDERAL HWY 15  
CITY ST ZIP: BOYNTON BCH FL

21 TITLE:  Change  Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY ST ZIP:

TITLE: DS  
NAME: FLOCK, IRENE L.  
STREET ADDRESS: 2309 S. FEDERAL HWY. 2-5  
CITY ST ZIP: BOYNTON BCH, FL

31 TITLE:  Change  Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY ST ZIP:

TITLE: D  
NAME: BERRIAN, KATHLEEN, A  
STREET ADDRESS: 2309 S FEDERAL HWY T-8  
CITY ST ZIP: BOYNTON BCH, FL

41 TITLE: SD  
42 NAME: Rebecca Zwanich  
43 STREET ADDRESS: 2309 S. Federal Highway, #14  
44 CITY ST ZIP: Boynton Beach, FL

TITLE: D  
NAME: HENZEL, ANDREW  
STREET ADDRESS: 81 CHURCH STREET-1605  
CITY ST ZIP: KICHNER, ONT. CANADA N2G 4M1

51 TITLE:  Change  Addition  
52 NAME: Helmut Wellman  
53 STREET ADDRESS: 130 W. Oceanview  
54 CITY ST ZIP: Boynton Beach, FL

TITLE:  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

61 TITLE:  Change  Addition  
62 NAME:  
63 STREET ADDRESS:  
64 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)(b), 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 its receiver or its duly 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 one of those.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 736-8428  
DATE: 4-26-95  
OFFICE/PHONE #