

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

3. Date incorporated or Qualified: 07/27/1978  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip Country 29. Zip Country  
24. 25. 29. 30.

4. FEI Number: 59-1888916  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**ASSOCIATED PROPERTY MANAGEMENT  
400 S DIXIE HWY, SUITE 10  
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent  
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 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and the date of signature. (NOTE: Registered Agent signature required when removing)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	TD	<input type="checkbox"/>
NAME	BARBARA BELLEMAN	
STREET ADDRESS	2309 S. FEDERAL HWY #6	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	<del>TD</del>	<input checked="" type="checkbox"/>
NAME	<del>VENTURA, DANTE</del>	
STREET ADDRESS	<del>2309 S FEDERAL HWY 15</del>	
CITY-ST-ZIP	<del>BOYNTON BCH FL</del>	
TITLE	DS	<input type="checkbox"/>
NAME	FLOCK, IRENE L.	
STREET ADDRESS	2309 S. FEDERAL HWY. 2-5	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	SD	<input type="checkbox"/>
NAME	ROSEANN ZWANCH	
STREET ADDRESS	2309 S. FEDERAL HWY #14	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DP	<input type="checkbox"/>
NAME	HELMUT WELLMAN	
STREET ADDRESS	130 W. OCEAN AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(k), 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: Barbara D. Belleman 4/10/96 (407) 732-5333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)