FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

743730

FAIRFIELD APARTMENTS CONDOMINIUM ASSOCIATION, IN

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

Mailing Address

C/O ASSOCIATED PROPERTY MANAGEMENT 400 S DIXIE HWY. SUITE 10

LAKE WORTH FL 33460

FILED Mar 18 1998 8:00am Secretary of State



3. Date Incorporated or Qualified

400 S DIXIE HWY. SUITE 10 LAKE WORTH FL 33480		400 S DIXIE HWY. SUITE 10 LAKE WORTH FL 33460		07/27/1978				
EARE WORTH PL 33400				4. FEI Number	Α	oplied For		
L					59-1888916	N	ot Applicable	
<u> </u>	Place of Business	·	2a. Mailing Address		5. Certificate of Status Desired		Additional	
21							equired	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	⊢ ,		6. Election Campaign Financing	\$5.00		
City & Stat		City & State			Trust Fund Contribution			
23	28		o State		7. Is this nonprofit corporation a homeowners association?			
Zip	Country	Zip	Cou	ntry		₹		
24	25	29	30	,	This corporation owes or has paid the cu Personal Property Tax due June 30.		A No	
	9. Name and Address of Curren		1001		10. Name and Address of New Registered		4.00	
				81 Name				
ACCACIATED DOODCOTY MANACEMENT								
ASSOCIATED PROPERTY MANAGEMENT 400 S DIXIE HWY, SUITE 10				82 Street Address (P.O. Box Number is Not Acceptable)				
	ORTH FL 33460			83				
LANE WORTH PL 33400				<u> </u>	· · · · · · · · · · · · · · · · · · ·			
				84 City	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508 Florida State	ides the el	nove-named o	porporation authorite this statement for the numbers	t changing !	ts registered	
office or r	registered agent, or both, in the State	of Florida. Such change was	authorize	by the corp	oration's board of directors. I hereby accept the app	pointment as	registered	
1	im tamiliar with, and accept the oblig	lations of, Section 617.0503, f	-lorida Stat	utes.				
SIGNATURE	Signature, typed or printed name of registered age	ant and title if englicable (AV	TE Booletere	4 Anani alountura r	required when reinstating) DATE			
12.		ID DIRECTORS	13.	3 AGENT RIGHTON 1	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	DS	DELETE	1.1 10	ILE .		Change	Addition	
NAME >	BARBARA BELLEMAN		1.2 N			_ •		
STREET ADDRESS	2309 S. FEDERAL HWY #6			REET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		1	TY-ST-ZIP				
TITLE			2.1 1			Change	Addition	
NAME	FLOCK, IRENE L.		2.2 N	ME .			· 	
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP	BOYNTON BCH. FL			TY-ST-ZIP				
TITLE			3.1 7/			Change	Addition	
NAME			3.2 N/			-		
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZW	BOYNTON BEACH FL			ITY-ST-ZIP				
TITLE	DP	DELETE	4.1 TI			Change	Addition	
NAME .	HELMUT WELLMAN		4. 2 N			- •		
STREET ADDRESS	130 W. OCEAN AVE			REET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL			TY-ST-ZIP				
TOTAL E	TD	DELETE	5.1 TI			Change	Addition	
NAME	KRUGER, MYRTLE		5.2 NA	1			· 	
STREET ADDRESS	2309 S. FEDERAL HWY., #20	1		REET ADDRESS	•			
CITY-ST-ZIP	BOYNTON BEACH FL	•	ı	TY-ST-ZIP				
TITLE	DO INION DENOTITE	DELETE	6.1 Til			Change	Addition	
NAME	,		6.2 N/					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP	certify that the information supplied w	with this filing does not qualify	for the eye	TY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I further co	ertify that the	Information	
indicated	on this annual report or supplied w	al annual report is true and ar	ake eta ion	in that my sign	nature shall have the same legal effect as if made un	nder oath: th	at Laman	

indicated on this airrigat report or supplemental arrival report is true and accurate and triat my signature shall have the same legal effect as if made under oath; that I am a 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:

561-732-5338