

FILE NOW: FILING FEE IS \$61.25

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Apr 14, 1999 8:00 am
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 # 743730

1. Corporation Name
FAIRFIELD APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/27/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1888916
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA BELLEMAN	1.2 NAME	Albert B. Crocker
STREET ADDRESS	2309 S. FEDERAL HWY #6	1.3 STREET ADDRESS	2309 S. Federal Hwy #6 - South
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	Boynton Beach FL 33435
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOCK, IRENE L.	2.2 NAME	DPhilip Gordon
STREET ADDRESS	2309 S. FEDERAL HWY. 2-5	2.3 STREET ADDRESS	2303 S. Federal Hwy #16 North
CITY-ST-ZIP	BOYNTON BCH. FL	2.4 CITY-ST-ZIP	Boynton Beach FL 33435
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEANN ZWANGH	3.2 NAME	Joseph Pineau
STREET ADDRESS	2309 S. FEDERAL HWY #14	3.3 STREET ADDRESS	2309 S. Federal Hwy #10 South
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	Boynton Beach FL 33435
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMUT WELLMAN	4.2 NAME	Peter Lauletta
STREET ADDRESS	100 W. OCEAN AVE	4.3 STREET ADDRESS	2309 S. Federal Hwy #16 South
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	Boynton Beach FL 33435
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	KRUGER, MYRTLE	5.2 NAME	
STREET ADDRESS	2309 S. FEDERAL HWY., #20	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Barbara Belleman 4/8/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)