

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90087 014 \*\*\*\*61.25

**DOCUMENT # 743730**

1. Entity Name

**FAIRFIELD APARTMENTS CONDOMINIUM ASSOCIATION, IN**

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 33460-4455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1888916**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

*Simon Abreu (President)*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Delete
NAME	<b>BARBARA BELLEMAN</b>	
STREET ADDRESS	<b>2309 S. FEDERAL HWY #6</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>FLOCK, IRENE</b>	
STREET ADDRESS	<b>2309 S. FEDERAL HWY. 2-5</b>	
CITY-ST-ZIP	<b>BOYNTON BCH. FL</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>CROCKER, ALBERT B</b>	
STREET ADDRESS	<b>2309 S FEDERAL HIGHWAY, #6 SOUTH</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>GORDON, PHILLIP</b>	
STREET ADDRESS	<b>2303 S FEDERAL HIGHWAY, #16 NORTH</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>KRUGER, MYRTLE</b>	
STREET ADDRESS	<b>2309 S. FEDERAL HWY., #20</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PINEAU, JOSEPH</b>	
STREET ADDRESS	<b>2309 S FEDERAL HIGHWAY, #10 SOUTH</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	

TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gorden, Philip</b>	
STREET ADDRESS	<b>2303 S. Fed. Hqwy #16N</b>	
CITY-ST-ZIP	<b>BB. FL 33435</b>	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Zwanch, Roseann</b>	
STREET ADDRESS	<b>2309 S. Federal Hqwy #14</b>	
CITY-ST-ZIP	<b>BB. FL 33435</b>	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lauletta, Peter</b>	
STREET ADDRESS	<b>2309 S. Fed. Hqwy # 16 S</b>	
CITY-ST-ZIP	<b>BB. FL. 33435</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 an address, with all other like empowered.

SIGNATURE:

*Simon Abreu*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/28/00 (561) 369-5195*