

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90080 007 ****61.25



DOCUMENT # 743730

1. Entity Name

FAIRFIELD APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**ASSOCIATED PROPERTY MGMT
 1928 LAKE WORTH RD
 LAKE WORTH FL 33461**

Mailing Address

**ASSOCIATED PROPERTY MGMT
 1928 LAKE WORTH RD
 LAKE WORTH FL 33461**

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT
 1928 LAKE WORTH ROAD
 LAKE WORTH FL 33461**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	VOLPE, KATHY	
STREET ADDRESS	2309 S. FEDERAL HWY #25	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BELLEMAN, BARBARA	
STREET ADDRESS	2309 S. FEDERAL HWY #4-S	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KRUGER, MYRTLE	
STREET ADDRESS	2309 S. FEDERAL HWY #20-S	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	P	<input type="checkbox"/> Delete
NAME	GORDON, PHILLIP	
STREET ADDRESS	2303 S FEDERAL HIGHWAY, #16 NORTH	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAULETTA, PETER	
STREET ADDRESS	2309 S. FEDERAL HWY. #16	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWLAND, LISA	
STREET ADDRESS	609 N.E. 24th AVE.	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
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		
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: *Philip J Gordon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip J Gordon
 3/29/04

Date

Daytime Phone #