

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90139 021 ****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.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-1888916

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 remaining)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
STD	ROWLAND, LISA	609 NE 24TH AVE	POMPANO BEACH FL 33062	<input checked="" type="checkbox"/>
P	GORDON, PHILLIP	2303 S FEDERAL HIGHWAY, #16 NORTH	BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/>
D	LAULETTA, PETER	2309 S. FEDERAL HWY. #16	BOYNTON BEACH FL 33435	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	CUNIFF, ELLEN	1200 S. OCEAN BLVD. #101	BOCA RATON, FL 33432	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	JARA, STEPHEN	229 GEORGE BUSH BLVD.	DELRAY BEACH, FL 33444	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	LINN, NANCY M.	2309 So. FEDERAL HWY. #3-5	BOYNTON BEACH, FL 33435	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	GORDON, PHIL	2303 So. FEDERAL HWY. #16N	BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	MARTINCAUGE, JANICE	3613 S. LIVERLACE LN. #66	BOYNTON BEACH, FL 33436	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	VOLPE, KATHLEEN	5615 NO. OCEAN BLVD.	OCEAN RIDGE, FL 33435	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 I am empowered.

SIGNATURE:

[Handwritten Signature]

3-28-06