

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90121 005 \*\*\*\*61.25

0040256

**DOCUMENT # 743730**

1. Entity 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

11011296



2. Principal Place of Business

*ASSOCIATED PROPERTY MGMT*

Suite, Apt. #, etc.

*1928 LAKE WORTH Rd*

City & State  
*LAKE WORTH, FL*

Zip  
*33461*

Country

3. Mailing Address

*ASSOCIATED PROPERTY MGMT.*

Suite, Apt. #, etc.

*1928 LAKE WORTH Rd.*

City & State  
*LAKE WORTH, FL*

Zip  
*33461*

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1888916**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *ASSOCIATED PROPERTY MANAGEMENT*  
Street Address (P.O. Box Number is Not Acceptable)

*1928 LAKE WORTH ROAD*

City *LAKE WORTH*

FL

Zip Code *33461*

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

*Agent*

*3/20/02*

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

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	<b>D</b>	<input checked="" 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	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EARNHART, CRAIG D</b>	
STREET ADDRESS	<b>2303 S FEDERAL HWY #14-N</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JARA, STEVE</b>	
STREET ADDRESS	<b>2303 S FEDERAL HWY #21-N</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	<b>P</b>	<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	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARIN, LISA R</b>	
STREET ADDRESS	<b>2303 S FEDERAL HWY #2-S</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VOLPE, KATHY</b>	
STREET ADDRESS	<b>2309 S. FEDERAL HWY #25</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOLPE, KATHY</b>	
STREET ADDRESS	<b>2309 S. FEDERAL HWY #25</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELLEMAN, BARBARA</b>	
STREET ADDRESS	<b>2309 S. FEDERAL HWY #14-S</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUGER, MYRTLE</b>	
STREET ADDRESS	<b>2309 S. FEDERAL HWY #20-S</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAULETTA, PETER</b>	
STREET ADDRESS	<b>2309 S. FEDERAL HWY #16</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>	
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:

**SIGNATURE REQUIRED**

*Rep J. Marin*

CR2E037 (10/02)