

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90289 044 ****61.25

DOCUMENT # N00000000363					
1. Entity Name FAIRFAX VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4400 WEST SAMPLE RD SUITE 200 COCONUT CREEK, FL 33073-3450			Mailing Address 4400 WEST SAMPLE RD SUITE 200 COCONUT CREEK, FL 33073-3450		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1045126	
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		
MINTO COMMUNITIES, INC. 4400 W SAMPLE RD, SUITE 200 ATTN: MICHAEL GREENBERG COCONUT CREEK, FL 33073-3450			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD BEER, T R 4400 WEST SAMPLE RD SUITE 200 COCONUT CREEK, FL 330733450	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Todd Teitel 2047 Reston Circle Royal Palm Beach, FL 33411	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEMENT, GARY 4400 WEST SAMPLE RD SUITE 200 COCONUT CREEK, FL 330733450	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RODGERS, FRANK 4400 WEST SAMPLE RD SUITE 200 COCONUT CREEK, FL 330733450	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <i>Frank Rodgers Sec/Treas</i>			FRANK RODGERS, 4/23/04 954-973-4490		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		