

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90027 018 \*\*\*\*70.00

<b>DOCUMENT # N00000000363</b> 1. Entity Name <b>FAIRFAX VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>4400 WEST SAMPLE RD</b> <b>SUITE 200</b> <b>COCONUT CREEK, FL 33073-3450</b>		Mailing Address <b>4400 WEST SAMPLE RD</b> <b>SUITE 200</b> <b>COCONUT CREEK, FL 33073-3450</b>	
2. Principal Place of Business - No P.O. Box <b>902 Clint Moore Rd</b> Suite, Apt. #, etc. <b>Ste 110</b> City & State <b>BOCA RATON, FL</b> Zip <b>33487</b>		3. Mailing Address <b>902 Clint Moore Rd</b> Suite, Apt. #, etc. <b>Ste 110</b> City & State <b>BOCA RATON, FL</b> Zip <b>33487</b>	
4. FEI Number <b>65-1045126</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CAS MANAGEMENT</b> <b>964 BROKEN SOUND PKWY</b> <b>SUITE 250</b> <b>BOCA RATON, FL 33487</b>		7. Name and Address of New Registered Agent Name <b>Gary Fieldo</b> Street Address (P.O. Box Number is Not Acceptable) <b>4400 PGA BLVD #900</b> City <b>Palm Bch Gardens FL</b> Zip Code <b>33410</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <b>3/27/07</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>P</b> NAME <b>FORD, ERIC</b> STREET ADDRESS <b>2014 RESTON CIR</b> CITY-ST-ZIP <b>ROYAL PALM BCH, FL 33411</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b> NAME <b>HOLMSTOCK, BERNARD</b> STREET ADDRESS <b>2013 RESTON CIR</b> CITY-ST-ZIP <b>ROYAL PALM BCH, FL 33411</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b> NAME <b>HOLLANDER, MICHAEL</b> STREET ADDRESS <b>2056 RESTON CIR</b> CITY-ST-ZIP <b>ROYAL PALM BCH, FL 33411</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>BRAD BITTER</b> NAME <b>2012 RESTON CIR</b> STREET ADDRESS <b>Royal Palm Bch, FL 33411</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>3/7/07</b> <small>Date Daytime Phone #</small>	