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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12846** **(4)**

1. Corporation Name

FAIRFIELD AT BOCA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
21300 LENNOX DRIVE BOCA RATON FL 33486	21300 LENNOX DRIVE BOCA RATON FL 33486-1415

3. Date Incorporated or Qualified: 12/31/1985
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-2662554 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

WEIRCINSKI, PETER
5382 214TH CT S
BOCA RATON FL 33486

10. **Name and Address of New Registered Agent**

81 Name: D'ANGELO, CARMEN
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5239 SAPPHIRE VALLEY
84 City: BOCA RATON **FL** 85 Zip Code: 33486

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE: [signature] VP (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	FVPD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BORRELLO, VINCENT		1.2 NAME		
STREET ADDRESS	21300 LENNOX DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	SVPD	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	D'ANGELO, CARMEN		2.2 NAME		
STREET ADDRESS	21300 LENNOX DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ABRAMS, LARRY		3.2 NAME		
STREET ADDRESS	21300 LENNOX DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	WIERCINSKI, PETER		4.2 NAME	SKOLE, JUDY	
STREET ADDRESS	21300 LENNOX DRIVE		4.3 STREET ADDRESS	21300 LENNOX DRIVE	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	BRUDERMAN, ROBERT		5.2 NAME	LOETSCHER, KIM	
STREET ADDRESS	21300 LENNOX DRIVE		5.3 STREET ADDRESS	21300 LENNOX DRIVE	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judy Skole Secretary 3/7/97 (561)368-5738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0044991