2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90318 022 ****61.25

DOCUMENT # N12846

1. Entity Name

FAIRFIELD AT BOCA ASSOCIATION, INC.

50039129

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
4350 NW 19TH AVE STE C POMPANO BEACH FL 33064 US	4350 NW 19TH AVE STE C POMPANO BEACH FL 33064 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent

PALOMBI, GARY
C/O RMC
4350 NW 19TH AVE, STE C
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

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 reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JAFFEE, JOE 21419 FAIRFIELD LANE BOCA RATON FL 33487	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Sumner Goodwin 5295 Buckhead Cir Boca Raton Fl 33487 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHREIBER, CRAIG 5131 PTE EMERALD LANE BOCA RATON FL 33487	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	+ Robert Gladstone 5462 Grand Park Pl Boca Raton Fl 33487 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GONDEK, LANCE 5081 PTE ALEXIS DR BOCA RATON FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-P ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DUFFEK, ELEANOR 2274 NW 8 ST BOCA RATON FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUBUE, NORM 21396 PAGOSA DR BOCA RATON FL 33487	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rick Chretrand 5124 Pointe Alexis Dr Boca Raton Fl 33487 ☐ 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: Sumner Goodwin, President 4/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #