

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16685

FILED
Apr 27, 2009
Secretary of State

Entity Name: TOWNHOMES OF FAIRFIELD ASSOCIATION, INC.

Current Principal Place of Business:

C/O BENCHMARK PROEPRTY MGMT
7932 WILES RD
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

C/O BENCHMARK PROEPRTY MGMT
7932 WILES RD
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 59-2788947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES
4261 NW 6TH WAY
SUITE 103
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CLARK, DEBORAH S
Address: 21388 PAGOSA CT.
City-St-Zip: BOCA RATON, FL 33486

Title: VPD () Delete
Name: BAER, STEPHEN
Address: 21415 PAGOSA CT
City-St-Zip: BOCA RATON, FL 33486

Title: SD () Delete
Name: HUGHES, KRISTEN
Address: 5294 SAPPHIRE VALLEY
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: RODRIGUEZ, WANDA
Address: 5242 SAPHIRE VALLEY
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: SILVERSTEIN, DEBRA
Address: 21384 PAGOSA COURT
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUGHES, KRISTEN
Address: 5294 SAPPHIRE VALLEY
City-St-Zip: BOCA RATON, FL 33486

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SILVERSTEIN, DEBRA
Address: 21384 PAGOSA COURT
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH CLARK

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date