

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY - 1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # N20457 (0)**

1. Corporation Name  
**FAIRFIELD'S BEACONWOOD ASSOCIATION, INC.**

Principal Place of Business Mailing Address

**3082 JOG RD  
LAKE WORTH FL 33467-2053**

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LAKE WORTH FL 33467-2053**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/04/1987** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2860100** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business 2a. Mailing Address

21 **610 CMD Management, Inc.** 26 **610 CMD Management, Inc.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **same** 27 **same**

City & State City & State

23 **same** 28 **same**

Zip Country Zip Country

24 **same** 25 **same** 29 **same** 30 **same**

9. Name and Address of Current Registered Agent

**ROSENTHAL, DAVID, C  
% CMD MANAGEMENT INC  
3082 JOG RD  
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

81 Name **same**

82 Street Address (P.O. Box Number is Not Acceptable) **same**

83 **same**

84 City **same** FL 85 Zip Code **33467**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>F</b>
NAME	<b>VICE, JERRY</b>
STREET ADDRESS	<b>6073 BEACONWOOD RD LAKE WORTH FL</b>
CITY - ST - ZIP	
TITLE	<b>VD</b>
NAME	<b>HENDRICKSON, JOHN</b>
STREET ADDRESS	<b>6249 BEACONWOOD RD LAKE WORTH FL</b>
CITY - ST - ZIP	
TITLE	<b>SD</b>
NAME	<b>MENTER, INA</b>
STREET ADDRESS	<b>8098 BURLINGTON CT LAKE WORTH FL</b>
CITY - ST - ZIP	
TITLE	<b>TD</b>
NAME	<b>COOK, R. WILLIAM</b>
STREET ADDRESS	<b>6161 BEACONWOOD RD LAKE WORTH FL</b>
CITY - ST - ZIP	
TITLE	<b>D</b>
NAME	<b>ZELDIN, JACK</b>
STREET ADDRESS	<b>6265 BEACONWOOD RD LAKE WORTH FL</b>
CITY - ST - ZIP	
TITLE	<b>PD</b>
NAME	<b>MERTES, JACK</b>
STREET ADDRESS	<b>6120 COVINGTON CT LAKE WORTH FL</b>
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Mrs. Gary Nowak</b>
1.3 STREET ADDRESS	<b>6209 Beaconwood Rd. Lake Worth, FL 33467</b>
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: R. William Cook 5/5/95 Date 407-439-6030

(Signature must be typed or printed name of signing officer or director)