

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N20457 (0)

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



Principal Place of Business	Mailing Address
C/O CMD MANAGM. INC. 3082 JOG RD. LAKE WORTH FL 33467-2053 US	C/O CMD MANAGM. INC. 3082 JOG ROAD LAKE WORTH FL 33467-2053 US

3. Date Incorporated or Qualified 05/04/1987	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2860100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	F <input checked="" type="checkbox"/> DELETE
NAME	WICE, JERRY
STREET ADDRESS	8073 BEACONWOOD RD
CITY-ST-ZIP	LAKE WORTH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	HENDRICKSON, JOHN
STREET ADDRESS	6249 BEACONWOOD RD
CITY-ST-ZIP	LAKE WORTH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	MENTER, INA
STREET ADDRESS	8096 BURLINGTON CT
CITY-ST-ZIP	LAKE WORTH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	COOK, R. WILLIAM
STREET ADDRESS	6161 BEACONWOOD RD
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ZELDIN, JACK
STREET ADDRESS	6285 BEACONWOOD RD
CITY-ST-ZIP	LAKE WORTH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MERTES, JACK
STREET ADDRESS	8120 COVINGTON CT
CITY-ST-ZIP	LAKE WORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bernstein, Jules
1.3 STREET ADDRESS	8088 Burlington Court
1.4 CITY-ST-ZIP	Lake Worth, FL 33467
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Leventoff, Albert
3.3 STREET ADDRESS	8071 Burlington Court
3.4 CITY-ST-ZIP	Lake Worth, FL 33467
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 119.07(3)(k), 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: *Jack Mertes* **5/10/96 (407)964-1550**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Jack Mertes - President

CP2E037 (12/95)