

FILE NOW: FILING FEE IS \$61.25

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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20457 (0)

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



Principal Place of Business C/O CMD MANAGMNT. INC. 3082 JOG RD. LAKE WORTH FL 33467-2053 US	Mailing Address C/O CMD MANAGMNT. INC. 3082 JOG ROAD LAKE WORTH FL 33467-2053 US
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3. Date Incorporated or Qualified 05/04/1987	3a. Date of Last Report 05/17/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2860100	Applied For <input type="checkbox"/> 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	

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

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 David C. Rosenthal DATE 1/21/97

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BERNSTEIN, JULES
STREET ADDRESS	8088 BURLINGTON COURT
CITY-ST-ZIP	LAKE WORTH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	HENDRICKSON, JOHN
STREET ADDRESS	8249 BEACONWOOD RD
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LEVENTOFF, ALBERT
STREET ADDRESS	8071 BURLINGTON COURT
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	6265 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 does not qualify for the exemption stated in Section 119.07(3)(j), 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 **REQUIRED** DATE 2-5-97 DAYTIME PHONE # 433-3570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0044088

CF2E037 (9/96)