

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>C/O CMD MANAGM. INC. 3082 JOG RD. LAKE WORTH FL 33467-2053 US</b>	Mailing Address <b>C/O CMD MANAGM. INC. 3082 JOG ROAD LAKE WORTH FL 33467-2053 US</b>
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3. Date Incorporated or Qualified <b>05/04/1987</b>	
4. FEI Number <b>59-2860100</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>ROSENTHAL, DAVID, C % CMD MANAGEMENT INC 3082 JOG RD LAKE WORTH FL 33463</b>		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		FL 85 Zip Code

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL 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 **2/18/98**  
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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BERNSTEIN, JULES</b>
STREET ADDRESS	<b>8088 BURLINGTON COURT</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>HENDRICKSON, JOHN</b>
STREET ADDRESS	<b>6249 BEACONWOOD RD</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEVENTOFF, ALBERT</b>
STREET ADDRESS	<b>8071 BURLINGTON COURT</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>COOK, R. WILLIAM</b>
STREET ADDRESS	<b>6161 BEACONWOOD RD</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ZELDIN, JACK</b>
STREET ADDRESS	<b>6265 BEACONWOOD RD</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MERTES, JACK</b>
STREET ADDRESS	<b>8120 COVINGTON CT</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D/S Nowak, Nancy</b>
2.3 STREET ADDRESS	<b>6209 Beaconwood Road</b>
2.4 CITY-ST-ZIP	<b>Lake Worth, FL 33467</b>
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 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 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** **3-5-98** **433-3570**

CR2E037 (10/97)