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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N20457

1. Corporation Name

FAIRFIELD'S BEACONWOOD ASSOCIATION, INC.

Principal Place of Business

C/O CMD MANAGM. INC.
 3082 JOG RD.
 LAKE WORTH FL 33467-2053
 US

Mailing Address

C/O CMD MANAGM. INC.
 3082 JOG ROAD
 LAKE WORTH FL 33467-2053
 US



21. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/04/1987

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

4. FEI Number
59-2860100

Applied For
 Not Applicable

23. City & State

28. City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24. Zip

25. Country

29. Zip

30. Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

4/27/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
 NAME **BERNSTEIN, JULES**
 STREET ADDRESS **8088 BURLINGTON COURT**
 CITY-ST-ZIP **LAKE WORTH FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **DS** DELETE
 NAME **NOWAK, NANCY**
 STREET ADDRESS **6209 BEACONWOOD ROAD**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **LEVENTOFF, ALBERT**
 STREET ADDRESS **8071 BURLINGTON COURT**
 CITY-ST-ZIP **LAKE WORTH FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **TD** DELETE
 NAME **COOK, R. WILLIAM**
 STREET ADDRESS **6161 BEACONWOOD RD**
 CITY-ST-ZIP **LAKE WORTH FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **ZELDIN, JACK**
 STREET ADDRESS **6265 BEACONWOOD RD**
 CITY-ST-ZIP **LAKE WORTH FL**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **PD** DELETE
 NAME **MERTES, JACK**
 STREET ADDRESS **8120 COVINGTON CT**
 CITY-ST-ZIP **LAKE WORTH FL**

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

John L. Mertes

4/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)