

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90087 027 ****61.25

DOCUMENT # N20457

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

Principal Place of Business Mailing Address

~~C/O CMD-MANAGEMENT, INC.~~ ~~C/O CMD-MANAGEMENT, INC.~~
 3082 JOG RD. 3082 JOG ROAD
 LAKE WORTH FL 33467-2053 LAKE WORTH FL 33467-2053
 US US

2. Principal Place of Business 3. Mailing Address

90 Phoenix Management **90 Phoenix Management**

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

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-2860100 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **David C. Rosenthal**
 Street Address (P.O. Box Number is Not Acceptable): **90 Phoenix Management, Inc.**
3082 Jog Road
 City: **Lake Worth, FL** Zip Code: **33467**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *David C. Rosenthal* DATE: *4/5/2000*

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, JULES	NAME	
STREET ADDRESS	8088 BURLINGTON COURT	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	DS <input type="checkbox"/> Delete	TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOWAK, NANCY	NAME	
STREET ADDRESS	6209 BEACONWOOD ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	LEVENTOFF, ALBERT	NAME	
STREET ADDRESS	8071 BURLINGTON COURT	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	
NAME	COOK, R. WILLIAM	NAME	
STREET ADDRESS	6161 BEACONWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	ZELDIN, JACK	NAME	
STREET ADDRESS	6265 BEACONWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERTES, JACK	NAME	
STREET ADDRESS	8120 COVINGTON CT	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Cook* DATE: *3/9/2000* DAYTIME PHONE #: *561-439-6030*

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

CR2E037 (9/99)

