

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90458 033 \*\*\*\*61.25

**DOCUMENT # N20457**  
 1. Entity Name  
**FAIRFIELD'S BEACONWOOD ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**C/O PHOENIX MANAGEMENT** **C/O PHOENIX MANAGEMENT**  
**3082 JOG RD.** **3082 JOG RD.**  
**LAKE WORTH FL 33467-2053** **LAKE WORTH FL 33467-2053**  
**US** **US**



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-2860100** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROSENTHAL, DAVID, C**  
**C/O PHOENIX MANAGEMENT INC**  
**3082 JOG ROAD**  
**LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	BERNSTEIN, JULES	
STREET ADDRESS	8088 BURLINGTON COURT	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOGUL, HAROLD	
STREET ADDRESS	8111 COVINGTON COURT	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	YEARY, FRANCINE	
STREET ADDRESS	6104 BEACONWOOD ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COOK, R. WILLIAM	
STREET ADDRESS	6161 BEACONWOOD RD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>ZELDIN, JACK</del>	
STREET ADDRESS	<del>9265 BEACONWOOD RD</del>	
CITY-ST-ZIP	<del>LAKE WORTH FL</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MERTES, JACK	
STREET ADDRESS	8120 COVINGTON CT	
CITY-ST-ZIP	LAKE WORTH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marinan, Brian	
STREET ADDRESS	6169 Beaconwood Road	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/4/04** Daytime Phone #: **(561) 969 6924**

Attachment  
24673718

N20457

ADDENDUM TO THE 2004 UNIFORM BUSINESS REPORT (UBR)

ADDITIONS TO OFFICERS AND DIRECTORS:

TITLE: D

CHANGE  ADDITION

NAME: Vitello, Joseph

STREET ADDRESS: 8104 Burlington Ct.

CITY-ST-ZIP Lake Worth, FL 33467

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TITLE:

CHANGE  ADDITION

NAME:

STREET ADDRESS:

CITY-ST-ZIP

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TITLE:

CHANGE  ADDITION

NAME:

STREET ADDRESS:

CITY-ST-ZIP

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TITLE:

CHANGE  ADDITION

NAME:

STREET ADDRESS:

CITY-ST-ZIP