


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90031 049 ****61.25

| | | | | | |
|--|------------------------------------|--|---|--|----|
| DOCUMENT # N20457 | | | |  | |
| 1. Entity Name FAIRFIELD'S BEACONWOOD ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O PHOENIX MANAGEMENT 3082 JOG RD. LAKE WORTH, FL 33467-2053 US | | | Mailing Address C/O PHOENIX MANAGEMENT 3082 JOG RD. LAKE WORTH, FL 33467-2053 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2860100 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ROSENTHAL, DAVID; C C/O PHOENIX MANAGEMENT INC 3082 JOG ROAD LAKE WORTH, FL 33467 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| 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 | | <i>David C Rosenthal</i> | | 4-9-08 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | DS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BERNSTEIN, JULES | NAME | | | |
| STREET ADDRESS | 8088 BURLINGTON COURT | STREET ADDRESS | | | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | CITY-ST-ZIP | | | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MOGUL, HAROLD | NAME | | | |
| STREET ADDRESS | 8111 COVINGTON COURT | STREET ADDRESS | | | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | YEARY, FRANCINE | NAME | | | |
| STREET ADDRESS | 6104 BEACONWOOD ROAD | STREET ADDRESS | | | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | CITY-ST-ZIP | | | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GENSLER, GERALD | NAME | | | |
| STREET ADDRESS | 6153 BEACONWOOD ROAD | STREET ADDRESS | | | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MARINAN, BRIAN | NAME | | | |
| STREET ADDRESS | 6169 BEACONWOOD ROAD | STREET ADDRESS | | | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | CITY-ST-ZIP | | | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input 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 exemptions contained in Chapter 119, 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: <i>[Signature]</i> | | 4/9/08 | | (56) 969-6924 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

40067126



01082008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

FL

4-9-08