

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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**95 APR 26 AM 11:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N23288 (6)**  
1. Corporation Name  
**FAIRFIELD'S CEDARBROOK ASSOCIATION, INC.**

Principal Place of Business <b>C/O CMD MANAGEMENT, INC. 3082 JOG ROAD LAKE WORTH FL 33463</b>	Mailing Address <b>C/O CMD MANAGEMENT, INC. 3082 JOG ROAD LAKE WORTH FL 33463</b>
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2. Principal Place of Business	2a. Mailing Address
21 <i>same</i>	26 <i>same</i>
22 <i>same</i>	27 <i>same</i>
23 <i>same</i>	28 <i>same</i>
24 <i>33467</i>	25 <i>County</i>
29 <i>33467</i>	30 <i>County</i>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/02/1987</b>	3a. Date of Last Report <b>04/25/1994</b>
4. FEI Number <b>65-0018253</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ROSENTHAL, DAVID C.  
C/O CMD MANAGEMENT, INC.  
3082 JOG RD.  
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

81 Name <i>same</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>same</i>
83 <i>same</i>
84 City <i>same</i>
85 Zip Code <b>FL 33467</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>SPENCER, GEORGE</b>
STREET ADDRESS <b>6102 BEAR CREEK CT.</b>	CITY - ST - ZIP <b>LAKE WORTH FL</b>
TITLE <b>TD</b>	NAME <b>LUFTIG, IRWIN</b>
STREET ADDRESS <b>6110 BEAR CREEK CT.</b>	CITY - ST - ZIP <b>LAKE WORTH FL</b>
TITLE <b>SD</b>	NAME <b>PELGER, HELEN</b>
STREET ADDRESS <b>6140 BEARCRK CT</b>	CITY - ST - ZIP <b>LAKE WORTH FL</b>
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Helen Pelger* Date: 4/12/95 (Anytime Phone #) 965-0967