

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2000 90073 033 ****61.25

DOCUMENT # N23288

1. Entity Name

FAIRFIELD'S CEDARBROOK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

40 Phoenix Management

Suite, Apt. #, etc.

3. Mailing Address

40 Phoenix Management

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0018253

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$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 CMD MANAGEMENT, INC.~~
 3082 JOG RD.
 LAKE WORTH FL 33467

Name

David C. Rosenthal

Street Address (P.O. Box Number is Not Acceptable)

40 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

2/1/2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ENGLE, NORMAN	6203 BEAR CREEK COURT	LAKE WORTH FL	<input type="checkbox"/>
VD	LUFTIG, IRWIN	6110 BEAR CREEK CT.	LAKE WORTH FL	<input checked="" type="checkbox"/>
STD	GORDON, HERB	6171 BEAR CREEK COURT	LAKE WORTH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Engel, Norman			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Weinstein, Lawrence	6115 Bear Creek Court	Lake Worth, FL 33467	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Signature Required
Engel

2/16/06

80-641
5547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)