


ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90207 031 \*\*\*\*61.25

**DOCUMENT # N23288**

1. Entity Name  
**FAIRFIELD'S CEDARBROOK ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**% PHOENIX MANAGEMENT**      **% PHOENIX MANAGEMENT**  
**3082 JOG ROAD**                      **3082 JOG ROAD**  
**LAKE WORTH, FL 33467 US**      **LAKE WORTH, FL 33467 US**



2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

04302004    Chg-NP      CR2E037 (10/03)

4. FEI Number  
**65-0018253**       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.**  
**% PHOENIX MANAGEMENT, INC**  
**3082 JOG RD.**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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	PD	<input type="checkbox"/> Delete
NAME	MERTES, DENNIS	
STREET ADDRESS	6103 BEAR CREEK CT	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	<del>STD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>SPENCER, GEORGE</del>	
STREET ADDRESS	<del>6102 BEAR CREEK CT</del>	
CITY-ST-ZIP	<del>LAKE WORTH, FL 33467</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VERBLE, BILL	
STREET ADDRESS	6179 BEAR CREEK CT	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kriedman, William	
STREET ADDRESS	6192 Bear creek court	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
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		<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: William Kriedman  
 Signature (Secretary)

(561) 439-0237      5/7/04  
 Phone #      Date