


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90050 012 ****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 - No P.O. Box # 3. Mailing Address

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

City & State City & State

Zip Country Zip Country



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For
65-0018253 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: David C Rosenthal DATE: 4-16-08

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, 2008

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 | STD | <input type="checkbox"/> Delete |
| NAME | CLARK, JAMES | |
| STREET ADDRESS | 6204 BEAR CREEK CT | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ANDERSON, JAMES | |
| STREET ADDRESS | 6117 BEAR CREEK CT | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | PUSTAYER, BOB | |
| STREET ADDRESS | 6106 ROAR 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 | | |

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 | | <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 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: Anderson DATE: 4-16-08 DAYTIME PHONE #: 561-964-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #