

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90089 006 ****61.25

DOCUMENT # N31405

1. Entity Name
FAIRFAX CONDOMINIUM C ASSOCIATION, INC.



40014371

<007



Principal Place of Business
**4373 ROCK ISLAND ROAD
LAUDERHILL, FL 33319 US**
**PHOENIX MGT CO
4800 N. STATE RD 7 LAUDERDALE LAKES, FL 33319**

Mailing Address
**4373 ROCK ISLAND ROAD
LAUDERHILL, FL 33319 US**

2. Principal Place of Business - No P.O. Box #
4800 North State Road 7

3. Mailing Address
4800 North State Road 7

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.
Suite 105

01092007 Chg-NP CR2E037 (12/06)

City & State
Lauderdale Lakes, FL

City & State
Lauderdale Lakes, Florida

4. FEI Number
65-0107430

Applied For
Not Applicable

Zip
33319

Country
USA

Zip
33319

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSE, ALVIN
7432 FAIRFAX DR BLDG C
TAMARAC, FL 33321**

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 **Alvin Rose**

1/9/07

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, 2007**

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

T ☐ Delete
NAME
COHEN, HARRY
STREET ADDRESS
7360 FAIRFAX DRIVE
CITY-ST-ZIP
TAMARAC, FL 33321

2VPD ☐ Delete
NAME
TAYLOR, SHELDON
STREET ADDRESS
7382 FAIRFAX DRIVE
CITY-ST-ZIP
TAMARAC, FL 33321

V ☐ Delete
NAME
SCHARE, ESTER
STREET ADDRESS
7356 FAIRFAX DR
CITY-ST-ZIP
TAMARAC, FL 33321

PD ☐ Delete
NAME
ROSE, ALVIN
STREET ADDRESS
7342 FAIRFAX DRIVE
CITY-ST-ZIP
TAMARAC, FL 33321

SD ☐ Delete
NAME
FENTON, DONNA
STREET ADDRESS
7332 FAIRFAX DRIVE
CITY-ST-ZIP
TAMARAC, FL 33321

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: **Alvin Rose (ALVIN ROSE) President BLMC 1/10/07 (954) 720-6384**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #