


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90040 048 \*\*\*\*61.25

<b>DOCUMENT # N31405</b> 1. Entity Name <b>FAIRFAX CONDOMINIUM C ASSOCIATION, INC.</b>					
Principal Place of Business <b>PHOENIX MGT CO</b> <b>4800 N. STATE RD 7 SUITE 105</b> <b>LAUDERDALE LAKES, FL 33319 US</b>			Mailing Address <b>PHOENIX MGT CO</b> <b>4800 N. STATE RD 7 SUITE 105</b> <b>LAUDERDALE LAKES, FL 33319 US</b>		
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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROSE, ALVIN</b> <b>7432 FAIRFAX DR BLDG C</b> <b>TAMARAC, FL 33321</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      Zip Code       </div>		
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 <u><i>Alvin Rose President Bldg C</i></u> DATE <u><i>Jan 24, 2008</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>COHEN, HARRY</b> <b>7360 FAIRFAX DRIVE</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VPD</b> <b>TAYLOR, SHELDON</b> <b>7382 FAIRFAX DRIVE</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SCHARE, ESTER</b> <b>7356 FAIRFAX DR</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROSE, ALVIN</b> <b>7342 FAIRFAX DRIVE</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>FENTON, DONNA</b> <b>7332 FAIRFAX DRIVE</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u><i>Alvin Rose - ALVIN ROSE PRESIDENT BLDG C</i></u> Date <u><i>1/24/08</i></u> Daytime Phone # <u><i>9547720-6384</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					