2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N31405

Entity Name: FAIRFAX CONDOMINIUM C ASSOCIATION, INC.

Current Principal Place of Business:

PHOENIX MGT CO
4800 N. STATE RD 7 SUITE 105
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

4800 NORTH STATE ROAD 7
SUITE 105
LAUDERDALE LAKES, FL 33319 US

Current Mailing Address:

PHOENIX MGT CO
4800 N. STATE RD 7 SUITE 105
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

4800 NORTH STATE ROAD 7
SUITE 105
LAUDERDALE LAKES, FL 33319 US

FEI Number: 65-0107430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROSE, ALVIN
7342 FAIRFAX DR BLDG C
TAMARAC, FL 33321 US

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: _____ 01/29/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: COHEN, HARRY
Address: 7360 FAIRFAX DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: 2VPD ( ) Delete
Name: TAYLOR, SHELDON
Address: 7382 FAIRFAX DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: V ( ) Delete
Name: SCHARE, ESTER
Address: 7356 FAIRFAX DR
City-St-Zip: TAMARAC, FL 33321

Title: PD ( ) Delete
Name: ROSE, ALVIN
Address: 7342 FAIRFAX DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete
Name: FENTON, DONNA
Address: 7332 FAIRFAX DRIVE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: COHEN, HARRY
Address: 7360 FAIRFAX DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: 1VPD (X) Change ( ) Addition
Name: TAYLOR, SHELDON
Address: 7372 FAIRFAX DRIVE
City-St-Zip: TAMARAC, FL 33321

Title: 2VPD (X) Change ( ) Addition
Name: HOROWITZ, STANLEY
Address: 7310 FAIRFAX DR
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN ROSE PRES 01/29/2009
Electronic Signature of Signing Officer or Director — Date