

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **N31452 (8)**  
1. Corporation Name  
**FAIRFIELD'S BRECKENRIDGE ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**% CMD MANAGEMENT, INC.**  
3082 JOG ROAD LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/31/1989** 3a. Date of Last Report **04/25/1994**

4. FEI Number **65-0097125** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21. **same** 26. **same**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22. **same** 27. **same**  
City & State City & State

23. **same** 28. **same**  
Zip Country Zip Country

24. **33467** 25. Country 29. **33467** 30. Country

9. Name and Address of Current Registered Agent  
**ROSENTHAL, DAVID C.**  
**% CMD MANAGEMENT, INC.**  
**3082 JOG ROAD**  
**LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

81. Name **same**

82. Street Address (P.O. Box Number is Not Acceptable) **same**

83. **same**

84. City **same** FL 85. Zip Code **33467**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<b>TSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARNOWSKY, MORRIS</b>	1.2 NAME	<b>Terry Tsodikis</b>
STREET ADDRESS	<b>6460 BRECKENRIDGE CIR.</b>	1.3 STREET ADDRESS	<b>6442 Breckenridge Cir.</b>
CITY - ST - ZIP	<b>LAKE WORTH FL</b>	1.4 CITY - ST - ZIP	<b>LAKE WORTH, FL 33467</b>
TITLE	<b>PD</b>	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELLUCI, JOE</b>	2.2 NAME	<b>John Gambale</b>
STREET ADDRESS	<b>6388 BRECKENRIDGE CIR.</b>	2.3 STREET ADDRESS	<b>6466 Breckenridge Cir.</b>
CITY - ST - ZIP	<b>LAKE WORTH FL</b>	2.4 CITY - ST - ZIP	<b>LAKE WORTH, FL 33467</b>
TITLE	<b>TD</b>	3.1 TITLE	<b>#FVB</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROCKWELL, WILLIAM</b>	3.2 NAME	<b>Daniel Passarella</b>
STREET ADDRESS	<b>6454 BRECKENRIDGE CIR.</b>	3.3 STREET ADDRESS	<b>6436 Breckenridge Cir.</b>
CITY - ST - ZIP	<b>LAKE WORTH FL</b>	3.4 CITY - ST - ZIP	<b>LAKE WORTH, FL 33467</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Terry Tsodikis DATE: 4/30/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR