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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
40 CMD Management, Inc. 40 CMD Management
3082 Jog Road 3082 Jog Rd.
Lake Worth, FL 33467 Lake Worth, FL 33467

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
03/31/1989 03/18/1996
4. FEI Number Applied For
65-0097125 Not Applicable
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Rosenthal, David O.
40 CMD Management, Inc.
3082 Jog Road
Lake Worth, FL 33467

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: *David O. Rosenthal* DATE: 4/15/97

12. OFFICERS AND DIRECTORS

TITLE	ISD	<input checked="" type="checkbox"/> DELETE
NAME	Isadilas, Terry	
STREET ADDRESS	6442 Breckenridge Circle	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	Gambale, John	
STREET ADDRESS	6446 Breckenridge Circle	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	Passarella, Daniet	
STREET ADDRESS	6436 Breckenridge Circle	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rockwell, Bill	
1.3 STREET ADDRESS	6454 Breckenridge Circle	
1.4 CITY-ST-ZIP	Lake Worth, FL 33467	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hochberg, Calvin	
2.3 STREET ADDRESS	6419 Breckenridge Circle	
2.4 CITY-ST-ZIP	Lake Worth, FL 33467	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Belluci, Joe	
3.3 STREET ADDRESS	6388 Breckenridge Circle	
3.4 CITY-ST-ZIP	Lake Worth, FL 33467	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Calvin Hochberg* CALVIN HOCHBERG Pres. 4/17/97 561-964-8733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)

5/1/97