

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90091 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N31452

1. Corporation Name
FAIRFIELD'S BRECKENRIDGE ASSOCIATION, INC.

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

Mailing Address
 % CMD MANAGEMENT, INC.
 3082 JOG ROAD
 LAKE WORTH FL 33463



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/31/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0097125
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
25	26	6. Election Campaign Financing
26	27	<input type="checkbox"/> \$5.00 May Be Added to Fees
27	28	Trust Fund Contribution
28	29	
29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSENTHAL, DAVID C. % CMD MANAGEMENT, INC. 3082 JOG ROAD LAKE WORTH FL 33467	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 C. Rosenthal (NOTE: Registered Agent signature required when reinstating) DATE: 4/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: DIST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BOGEDIN, ROBERT		1.2 NAME: Donvito, John	
STREET ADDRESS: 8364 BRECKENRIDGE CIR		1.3 STREET ADDRESS: 6143 Breckenridge Circle	
CITY-ST-ZIP: LAKE WORTH FL 33467		1.4 CITY-ST-ZIP: Lake worth, FL 33467	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOCHBERG, GALVIN		2.2 NAME: Tsadilis, Terry	
STREET ADDRESS: 6419 BRECKENRIDGE CIR.		2.3 STREET ADDRESS: 6442 Breckenridge Circle	
CITY-ST-ZIP: LAKE WORTH FL 33467		2.4 CITY-ST-ZIP: Lake worth, FL 33467	
TITLE: VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: DIST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BELLUCI, JOE		3.2 NAME: Tomasello, John	
STREET ADDRESS: 6366 BRECKENRIDGE CIR.		3.3 STREET ADDRESS: 6407 Breckenridge Circle	
CITY-ST-ZIP: LAKE WORTH FL 33467		3.4 CITY-ST-ZIP: Lake worth, FL 33467	
TITLE:	<input type="checkbox"/> DELETE	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:	<input type="checkbox"/> DELETE	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:	<input type="checkbox"/> DELETE	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:	

I 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, with all other like empowered.

SIGNATURE: David C. Rosenthal SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4/20/99 (561)964-1550 Daytime Phone #

0046336

CR2E037 (1/98)