

2000 UNIFORM BUSINESS REPORT (UBR)

0008795

DOCUMENT # N31452

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 PM 6:20

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



REINSTATEMENT DO NOT WRITE IN THIS SPACE 00

2. Principal Place of Business CMC Management IN 2994 Jog Rd # B
Suite, Apt. #, etc. 2994 Jog Rd # B
City & State GREENACRES FL
Zip 33467 Country USA

3. Mailing Address 2994 Jog Rd # B
Suite, Apt. #, etc.
City & State Greenacres FL
Zip 33467 Country USA

4. FEI Number 65-0097125 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENTHAL, DAVID C.
% CMD MANAGEMENT, INC.
3082 JOG ROAD
LAKE WORTH FL 33467

Name Jacqueline Westman
Street Address (P.O. Box Number is Not Acceptable) c/o CMC Management Inc
2994 Jog Rd # B
City Greenacres FL Zip Code 33467

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.

SIGNATURE *Jacqueline Westman*

10-13-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DONVITO, JOHN <input checked="" type="checkbox"/> Delete 6143 BRECKENRIDGE CIRCLE LAKE WORTH FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TSADILIS, TERRY <input checked="" type="checkbox"/> Delete 6442 BRECKENRIDGE CIRCLE LAKE WORTH FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TOMASELLO, JOHN <input checked="" type="checkbox"/> Delete 6407 BRECKENRIDGE CIRCLE LAKE WORTH FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP - President D DP Thomas Roman <input type="checkbox"/> Delete 6382 Breckenridge Cir Lk. Worth Fl 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer D DT Sharon Frome <input type="checkbox"/> Delete 6406 Breckenridge Cir Lk Worth Fl 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary D DST <input type="checkbox"/> Delete Joseph Belluci 6388 Breckenridge Cir Lk Worth Fl 33467

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003480246--6 -11/30/00--01005--007 ***236.25 ***236.25
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 exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Thomas Roman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-00 (561) 968-2115
Date Daytime Phone #

CR2E037 (5/00)

AD