

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90004 036 ****61.25

DOCUMENT # N31452

1. Entity Name

FAIRFIELD'S BRECKENRIDGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~% CMD MANAGEMENT, INC.~~

~~% CMD MANAGEMENT, INC.~~

~~2994 JOG RD. #B~~

~~2994 JOG RD. #B~~

~~GREENACRES FL 33467~~

~~GREENACRES FL 33467~~

2. Principal Place of Business

3. Mailing Address

40 Phoenix Mgt.

40 Phoenix Mgt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3082 Jog Road

3082 Jog Road

City & State

City & State

Lake Worth, FL

Lake Worth, FL

Zip

Country

Zip

Country

33467

USA

33467

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

David Rosenthal

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

40 Phoenix Management

3082 Jog Road

City

Lake Worth

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 *David C. Rosenthal*

2-20-01

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROMAN, THOMAS	
STREET ADDRESS	6382 BRECKINRIDGE COURT	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FROME, SHARON	
STREET ADDRESS	6406 BRECKINRIDGE COURT	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BELLUCI, JOSEPH	
STREET ADDRESS	6388 BRECKENRIDGE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Tsadilis, Terry	
STREET ADDRESS	6442 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"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Then Rome* *2-20-01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)