

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90011 046 ****61.25

DOCUMENT # N31452

1. Entity Name

FAIRFIELD'S BRECKENRIDGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~% PHOENIX MGT~~
~~3082 JOG RD.~~
~~LAKE WORTH FL 33467~~

% PHOENIX MGT
 3082 JOG RD.
 LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0097125

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

~~6. Name and Address of Current Registered Agent~~

7. Name and Address of New Registered Agent

ROSENTHAL, DAVID
 % PHOENIX MGT.
 3028 JOG RD.
 LAKE WORTH FL 33467

Name

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

City

FL

Zip Code

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. Rosen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/21/02

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~~ Delete
 NAME ~~ROMAN, THOMAS~~
 STREET ADDRESS ~~8382 BRECKINRIDGE COURT~~
 CITY-ST-ZIP ~~LAKE WORTH FL 33467~~

TITLE **SD** Change Addition
 NAME **Indiviglio, Jean**
 STREET ADDRESS **6304 Breckenridge Circle**
 CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **TD** Delete
 NAME **FROME, SHARON**
 STREET ADDRESS **6406 BRECKINRIDGE COURT**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~SD~~ Delete
 NAME ~~BELLUCI, JOSEPH~~
 STREET ADDRESS ~~8388 BRECKENRIDGE CIRCLE~~
 CITY-ST-ZIP ~~LAKE WORTH FL 33467~~

TITLE **VD** Change Addition
 NAME **Schumacher, Rich**
 STREET ADDRESS **6448 Breckenridge Circle**
 CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE ~~VD~~ Delete
 NAME ~~TSADILIC, TERRY~~
 STREET ADDRESS ~~8442 BRECKENRIDGE CIRCLE~~
 CITY-ST-ZIP ~~LAKE WORTH FL 33467~~

TITLE **PD** Change Addition
 NAME **Tomasello, John**
 STREET ADDRESS **6407 Breckenridge Circle**
 CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 817, 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:

John Tomasello *John Tomasello* *2/26/02* *373-0476*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)