


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90264 049 ****61.25

DOCUMENT # N31452

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



Principal Place of Business
**ASSET GROUP INTERNATIONAL
 1284 SOUTH FEDERAL HIGHWAY
 POMPANO BEACH, FL 33062**

Mailing Address
**ASSET GROUP INTERNATIONAL
 1284 SOUTH FEDERAL HIGHWAY
 POMPANO BEACH, FL 33062**

20040952



2. Principal Place of Business
Gables Property Mgmt
 Suite, Apt. #, etc.

3. Mailing Address
3300 Corporate Cve
 Suite, Apt. #, etc.
Ste-110

04142005 Chg-NP CR2E037 (10/03)

City & State
Winston, Florida

City & State

Zip
33331

Country
U.S.

Zip

Country

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
**ASSET GROUP INTERNATIONAL
 1284 SOUTH FEDERAL HIGHWAY
 POMPANO BEACH, FL 33062**

7. Name and Address of New Registered Agent

Name
BAKALAZ & EICHNER

Street Address (P.O. Box Number is Not Acceptable)
150 SOUTH PINE ISLAND RD, STE 540

City
PLANTATION

State
FL

Zip
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
BAKALAZ & EICHNER P.A.

DATE
4/13/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INDIVIGLIO, BEN <input checked="" type="checkbox"/> Delete 6304 BRECKENRIDGE CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAW, DONALD <input type="checkbox"/> Delete 6303 BRECKENRIDGE CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete VILLAROSE, DENNIS 6394 BECKENRIDGE CIR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete RICHARDS, KRISTEN 6316 BRECKENRIDGE CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete VITAMANTE, ESTELLE 6315 BRECKERIDGE CIR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DONNA KIMMELLY 6298 BRECKENRIDGE CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOE KATZ 6424 BRECKENRIDGE CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN TOMASELLO 6407 BRECKENRIDGE CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BENNY INDIVIGLIO 6304 BRECKENRIDGE CIRCLE LAKE WORTH, FL 33467
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)(f), 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: **Donna Kimmel** 4/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #