

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N31452

Entity Name: FAIRFIELD'S BRECKENRIDGE ASSOCIATION, INC.

Current Principal Place of Business:

C/O DAVENPORT PROF PROP MGMT INC.
6620 LAKE WORTH RD, STE F
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

C/O DAVENPORT PROF PROP MGMT INC.
6620 LAKE WORTH RD, STE F
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-0097125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33304 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROMAN, TOM
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: S () Delete
Name: PETOSA, ANTONIO
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: T () Delete
Name: MATHISON, JILL
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: P () Delete
Name: TSADILAS, TERRY
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY TSADILAS

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date