

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90795 043 ****61.25

DOCUMENT # N31452

1. Entity Name

FAIRFIELD'S BRECKENRIDGE ASSOCIATION, INC.



Principal Place of Business

% PHOENIX MGT
3062 JOG RD.
LAKE WORTH FL 33467

Mailing Address

% PHOENIX MGT
3062 JOG RD.
LAKE WORTH FL 33467

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

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

SIGNATURE

D J C Rust

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~SD~~ Delete
NAME INDIVIGLIO, JEAN
STREET ADDRESS 6304 BRECKENRIDGE CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ~~D~~ Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ~~VD~~ Delete
NAME SCHUMACHER, RICH
STREET ADDRESS ~~6448 BRECKENRIDGE CIRCLE~~
CITY-ST-ZIP ~~LAKE WORTH FL 33467~~

TITLE SD Change Addition
NAME Villarose, Donna
STREET ADDRESS 6394 Breckenridge Circle
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ~~PD~~ Delete
NAME TOMASELLO, JOHN
STREET ADDRESS 6407 BRECKENRIDGE CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE VD Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD Change Addition
NAME Katz, Joseph
STREET ADDRESS 6424 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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

361-573-6684

Date

Daytime Phone #

CR2E037 (10/02)