


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90029 007 ****61.25

DOCUMENT # N32149

1. Entity Name
FAIRFAX CONDOMINIUM E ASSOCIATION, INC.



Principal Place of Business
**4373 ROCK ISLAND DR
 LAUDERHILL, FL 33319 US**

Mailing Address
**4373 ROCK ISLAND RD
 LAUDERHILL, FL 33319 US**

2. Principal Place of Business - No P.O. Box #
4800 North State Road 7

3. Mailing Address
4800 North State Road 7


Suite, Apt. #, etc.
Suite 105

City & State
Lauderdale Lakes, Florida

City & State
Lauderdale Lakes, Florida

Zip Country
33319 USA

40012970



01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0135456

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BOXER, GEORGE
 C/O MWI/CAMPBELL
 4373 ROCK ISLAND ROAD
 LAUDERHILL, FL 33319**

7. Name and Address of New Registered Agent

Name **George Boxer**

Street Address (P.O. Box Number is Not Acceptable)
**4800 North State Road 7
 suite 105**

City **Lauderdale Lakes, FL** Zip Code **33319**

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 George Boxer DATE 1/9/07

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

Filing Fee is \$61.25 Due by May 1, 2007

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	1VP STARK, CLARENCE 7319 FAIRFAX DR. TAMARAC, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BOXER, GEORGE 7329 FAIRFAX DRIVE TAMARAC, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP ZEMAN, JOSEPH 7305 FAIRFAX DR TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KORN, SHELDON 7341 FAIRFAX DRIVE TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSENZWEIG, EVELYN FAIRFAX DRIVE TAMARAC, FL 33321	<input type="checkbox"/> Delete
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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: Sheldon Korn SHELDON KORN DATE 1/26/07 DAYTIME PHONE # 954-721-9496

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