2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34471

FILED Jan 30, 2009 Secretary of State

Entity Name: FAIRFAX CONDOMINIUM G ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
SUITE 105	ATE RD. 7 ALE LAKES, FL	33319	US		4800 NORTH STATE R SUITE 105 LAUDERDALE LAKES,		US
	ailing Address:				New Mailing Address		
	•				J		
SUITE 105	ATE RD. 7 ALE LAKES, FL	33319	US		4800 NORTH STATE R SUITE 105 LAUDERDALE LAKES,		US
	,		er Applied For()	FEI Nur	mber Not Applicable ()		of Status Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
PERLZWEIG, FRANCES 4800 N. STATE RD. 7 SUITE 105 LAUDERDALE LAKES, FL 33319 US The above named entity submits this statement for the purpose o					PERLZWEIG, FRANCES 4800 NORTH STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319 US		
	of Florida.	into tino	otatement for the par	i pose e	n onanging its registered	omee or regi	stored agent, or both,
SIGNATURE:					01/3	0/2009	
	Electronic	Signature	e of Registered Agen	t		Da	te
OFFICERS	AND DIRECTO	RS:			ADDITIONS/CHANGE	s to offic	ERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () De GUREWITZ, MURR 7574 FAIRFAX, DR TAMARAC, FL	RAY			Title: (Name: Address: City-St-Zip:) Change()	Addition
Title: Name: Address: City-St-Zip:	SD () De PERLSWEIG, FRA 7520 FAIRFAX DR. TAMARAC, FL	NCES			Title: (Name: Address: City-St-Zip:)Change()/	Addition
Title:	2VP () De) Change ()	Addition
Address:	LEVENTER, PEARI 7508 FAIRFAX DRI TAMARAC, FL 333	IVE			Name: Address: City-St-Zip:		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	7508 FAIRFAX DRI	IVE 321 :lete T			Address: City-St-Zip:)Change()	

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: MURRAY GUREWITZ PRES 01/30/2009