2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-22-2007 90014 012 ****61.25

DOCUMENT # N34494

1. Entity Name
FAIRFAX CONDOMINIUM H ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4373 ROCK ISLAND RD. LAUDERHILL, FL 33319 US	4373 ROCK ISLAND RD. LAUDERHILL, FL 33319 US

40022915

01092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4800 north state Road 7	4800 north state Road 7
Suite, Apt. #, etc.: suite 105	Suite, Apt. #, etc.: suite 105
City & State: Lauderdale Lakes, Florida	City & State: Lauderdale Lakes Florida
Zip: 33319 Country:	Zip: 33319 Country: USA

4. FEI Number: 65-0226180 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEUTSCH, LEN
4373 ROCK ISLAND RD
FORT LAUDERDALE, FL 33319

7. Name and Address of New Registered Agent

Name: Len Deutsch
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: Len Deutsch 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEUTSCH, LEN 7583 FAIRFAX DR TAMARAC, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP LOTENBERG, SANDRA 7545 FAIRFAX DR FORT LAUDERDALE, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OSHEN, BLOSSOM 7559 FAIRFAX DR TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP DEUTSCH, LEN 7543 FAIRPARK DR. TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Levin, Murray 7575 Fairfax Drive Tamarac, Florida 33321 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDELSON, PHIL 7581 FAIRPARK DR. TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Rumish, Renee 7519 Fairfax Drive Tamarac, Florida 33321 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEUTSH, LEN 7543 FAIRFAX DR TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Leonard Deutsch LEONARD DEUTSCH 1-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #