

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47091

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: FAIRBANKS NORTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1111 N RIVERSIDE DR.  
APT. 401  
POMPANO BCH., FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

1111 N RIVERSIDE DR.  
APT. 401  
POMPANO BCH., FL 33062 US

**New Mailing Address:**

FEI Number: 59-1205196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROTONDI, PAUL C  
1111 N RIVERSIDE DR.  
APT. 401  
POMPANO BCH., FL 33062 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: P ( ) Delete  
Name: ROTONDI, PAUL C  
Address: 1111 N RIVERSIDE DR., 401  
City-St-Zip: POMPANO BCH., FL 33062 US

Title: V ( ) Delete  
Name: PROSCIA, JOSEPH  
Address: 1111 N RIVERSIDE DR 405  
City-St-Zip: POMPANO BEACH, FL 33062

Title: T ( ) Delete  
Name: SERAFIM, JOSE  
Address: 1111 N RIVERSIDE DR 206  
City-St-Zip: POMPANO BEACH, FL 33062

Title: T ( ) Delete  
Name: SCHEIDEL, CAROLANNE  
Address: 1111 N RIVERSIDE DR 403  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: BYRENES, SALLY  
Address: 1111 N RIVERSIDE DR 203  
City-St-Zip: POMPANO BEACH, FL 33062

Title: D (X) Change ( ) Addition  
Name: VAN GORDER, DON  
Address: 1111 N RIVERSIDE DR 207  
City-St-Zip: POMPANO BEACH, FL 33062

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: JAMIE BLUM

PM

04/29/2007

Electronic Signature of Signing Officer or Director

Date