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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000888 (9)

1. Corporation Name

FAIRMONT PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5295 TOWN CENTER RD STE 200 BOCA RATON FL 33486 US	5295 TOWN CENTER RD STE 200 BOCA RATON FL 33486-1088 US

3. Date Incorporated or Qualified: 12/21/1992
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0439975 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ENDELSON, KENNETH M
1000 CLINT MOORE ROAD
SUITE 110
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: WILLIAM K. ISAACSON
82 Street Address (P.O. Box Number is Not Acceptable): 5295 TOWN CENTER ROAD
83: SUITE 200
84 City: BOCA RATON FL 85 Zip Code: 33486

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ 4-15-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ENDELSON, KENNETH M		1.2 NAME		
STREET ADDRESS	1000 CLINT MOORE ROAD SUITE 110		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE	Vice President & Director	☒ Change ☐ Addition
NAME	FINKELSTEIN, RICHARD		2.2 NAME		
STREET ADDRESS	1000 CLINT MOORE ROAD SUITE 110		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MATTHEWS-GRAY, JUDY		3.2 NAME		
STREET ADDRESS	1000 CLINT MOORE RD, STE 110		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

561/997-8700

SIGNATURE: SIGNATURE REQUIRED Richard Finkelstein, Vice Pres. 4/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045016