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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000888**

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 US

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 12/21/1992

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

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

ISAALSON, WILLIAM K.
5295 TOWN CENTER RD.
STE. 200
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name: Louis Caplan
82 Street Address (P.O. Box Number is Not Acceptable): 500 Australian Avenue South, Ste 600
83
84 City: West Palm Beach FL 85 Zip Code: 33401

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: Louis Caplan St. John, Dicker & Caplan — 4/12/99
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	P	☒ DELETE	1.1 TITLE	VPD ☐ Change ☒ Addition
NAME	GOLDBERG, ROBERT		1.2 NAME	MARTIN KLADKO
STREET ADDRESS	10759 FAIRMONT VILLAGE DR		1.3 STREET ADDRESS	10686 FAIRMONT VILLAGE DR.
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VP	☒ DELETE	2.1 TITLE	SWITKES, MURIEL WILNER ☐ Change ☒ Addition
NAME	WINKLER, MARTIN		2.2 NAME	10855 FAIRMONT VILLAGE DR
STREET ADDRESS	10800 FAIRMONT VILLAGE DR		2.3 STREET ADDRESS	LAKE WORTH, FL 33469
CITY-ST-ZIP	LAKE WORTH FL 33467		2.4 CITY-ST-ZIP	STD
TITLE	~~S~~ PD	☐ DELETE	3.1 TITLE	PD ☒ Change ☐ Addition
NAME	STEINHOLZ, ELAINE		3.2 NAME	
STREET ADDRESS	10789 FAIRMONT VILLAGE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467		3.4. CITY-ST-ZIP	
TITLE	D	☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	MAIER, STANLEY		4. 2 NAME	BLUESTONE, NORMAN
STREET ADDRESS	10740 FAIRMONT VILLAGE DR		4.3 STREET ADDRESS	10692 FAIRMONT VILLAGE DR.
CITY-ST-ZIP	LAKE WORTH FL 33467		4.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D	☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	WOLFE, LOUIS		5.2 NAME	GREENBLATT, IRWIN
STREET ADDRESS	10854 FAIRMONT VILLAGE DR		5.3 STREET ADDRESS	10860 FAIRMONT VILLAGE DR.
CITY-ST-ZIP	LAKE WORTH FL 33467		5.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #