

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20457

**FILED**  
**Mar 11, 2024**  
**Secretary of State**  
**4013207448CC**

**Entity Name:** FAIRFIELD'S BEACONWOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O DAVENPORT PROPERTY MGMT  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467 US

**FEI Number:** 59-2860100

**Certificate of Status Desired:** No

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

LEVY, MARIA S. ESQ.  
800 VILLAGE SQUARE CROSSING  
SUITE 216  
PALM BEACH GARDENS, FL 33410 US

*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:** MARIA S. LEVY, ESQ.

03/11/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MARZOUK, DAVID  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY  
Name            SANTORSOLA, MICHAEL  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            BROWN, DEBRA  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            VP  
Name            YEARY, EARL  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            OTT, PATRICK  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            CALLOWAY, CHRISTINE  
Address        C/O DAVENPORT PROPERTY MGMT  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID MARZOUK

PRESIDENT

03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date