## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31452

Entity Name: FAIRFIELD'S BRECKENRIDGE ASSOCIATION, INC.

FILED
Apr 20, 2016
Secretary of State
CC5272176183

# **Current Principal Place of Business:**

C/O DAVENPORT PROF PROP MGMT LLC 6620 LAKE WORTH RD, STE F LAKE WORTH, FL 33467

# **Current Mailing Address:**

C/O DAVENPORT PROF PROP MGMT LLC 6620 LAKE WORTH RD, STE F LAKE WORTH, FL 33467 US

FEI Number: 65-0097125 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BAKALAR & ASSOCIATES PA 150 SOUTH PINE ISLAND RD STE 540 PLANTATION, FL 33304 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

INC.

Title SECRETARY Title TREASURER

Name INDIVIGLIO, JEANETTE Name SCHUMACHER, RICH

Address 6620 LAKE WORTH RD, STE F Address 6620 LAKE WORTH RD, STE F

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title PRESIDENT Title DIRECTOR

Name GABLER, CHAD Name VAUGHAN, TRACY

Address C/O DAVENPORT PROF PROP MGMT Address C/O DAVENPORT PROF PROP MGMT

6620 LAKE WORTH RD, STE F 6620 LAKE WORTH RD, STE F

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

**PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

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.