

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31452

FILED
Apr 15, 2013
Secretary of State
CC1191907679

Entity Name: FAIRFIELD'S BRECKENRIDGE ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 65-0097125

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKALAR & ASSOCIATES PA
150 SOUTH PINE ISLAND ROAD
SUITE 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 :

Title VPD
Name INDIVIGLIO, JEANETTE
Address 6620 LAKE WORTH RD, STE F
City-State-Zip: LAKE WORTH FL 33467

Title DT
Name SCHUMACHER, RICH
Address 6620 LAKE WORTH RD, STE F
City-State-Zip: LAKE WORTH FL 33467

Title PD
Name GABLER, CHAD
Address C/O DAVENPORT PROF PROP MGMT
INC.
6620 LAKE WORTH RD, STE F
City-State-Zip: LAKE WORTH FL 33467

Title DS
Name VAUGHAN, TRACY
Address C/O DAVENPORT PROF PROP MGMT
INC.
6620 LAKE WORTH RD, STE F
City-State-Zip: LAKE WORTH FL 33467

Title D
Name TOMASELLO, JOHN
Address C/O DAVENPORT PROF PROP MGMT
INC.
6620 LAKE WORTH RD, STE 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: CHAD GABLER

PD

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date