

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31452

Entity Name: FAIRFIELD'S BRECKENRIDGE ASSOCIATION, INC.

FILED
Apr 22, 2015
Secretary of State
CC7894939117

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
12470 WEST ATLANTIC BLVD
CORAL SPRINGS, FL 33071 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 SECRETARY
Name INDIVIGLIO, JEANETTE
Address 6620 LAKE WORTH RD, STE F
City-State-Zip: LAKE WORTH FL 33467

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

Title PRESIDENT
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 DIRECTOR
Name VAUGHAN, TRACY
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: GABLER , CHAD

PRESIDENT

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date