


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90047 049 ****61.25

DOCUMENT # N01000007503

1. Entity Name
FAIRBOURNE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2020 CLUBHOUSE DRIVE
 1701-B RICKENBACKER DRIVE
 SUN CITY CENTER, FL 33573**

Mailing Address
**2020 CLUBHOUSE DRIVE
 1701-B RICKENBACKER DRIVE
 SUN CITY CENTER, FL 33573**

2. Principal Place of Business - No P.O. Box #
STERLING MANAGEMENT

3. Mailing Address
STERLING MANAGEMENT

Suite, Apt. #, etc.
1701-B RICKENBACKER DR

Suite, Apt. #, etc.
1701-B RICKENBACKER

City & State
SUN CITY CENTER FL

City & State
SUN CITY CENTER FL


Zip
33573

Country

Zip
33573

Country

40064634



02022007 Chg-NP CR2E037 (12/06)

4. FEI Number
42-1537180

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAW OFFICES OF JAMES R DE FURIO, PA
 201 E KENNEDY BLVD
 SUITE 1460
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	MASLYK, LINDA 1318 FAIRWAY GREENS DRIVE SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	
TITLE VPD	HIPPERT, IVA 1226 FAIRWAY GREENS DR. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	
TITLE TD	GANNON, RICHARD 1229 FAIRWAY GREENS DRIVE SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	
TITLE SD	METTAM, FRANK 1242 FAIRWAY GREENS DRIVE SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	
TITLE D	SCHNERMAN, PAT 1246 FAIRWAY GREENS DR. SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	
TITLE SD	LAUE, DIANE 1216 FAIRWAY GREENS DR SUN CITY CENTER FL 33573	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE D	JAKABI, SHARON 1243 FAIRWAY GREENS DR. SUN CITY CENTER FL 33573	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James De Furio **SEC.** **4-10-07** **(213) 642-8990**

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