## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N11449

FILED Apr 06, 2009 Secretary of State

Entity Name: FAIRBANKS COURT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1001 N. RIVERSIDE DR. POMPANO BCH., FL 33062 **Current Mailing Address: New Mailing Address:** 1001 N. RIVERSIDE DR. POMPANO BCH., FL 33062 FEI Number: 59-1807674 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FAIRBANKS COURT, INC. 1001 N.RIVERSIDE DR. POMPANO BCH., FL 33062 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete CLARK, JOSEPH WHEALAN, EMMETT Name: Name: 1001 N. RIVERSIDE DR Address: 1001 N. RIVERSIDE DR Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062 Title: Title: (X) Change ( ) Addition ( ) Delete FISHER, JEAN Name: FISHER, JEAN Name: Address: 1001 N. RIVERSIDE DR. Address: 1001 N. RIVERSIDE DR. City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062 Title: (X) Delete Title: () Change () Addition PETERS, EUGENE Name: Name: 1001 N. RIVERSIDE DR. Address: Address: City-St-Zip: POMPANO BCH, FL 33062 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: FRANCIS, JOYCE Name: JOYCE, FRAN 1001 N. RIVERSIDE DR. 1001 N. RIVERSIDE DR. Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062 Title: ( ) Delete Title: () Change () Addition SANTOSUOSSO, GLADYS Name: Name: 1201 N RIVERSDIE DR Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TERRY MCGREGOR MR 04/06/2009