

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N29536** (2)

1. Corporation Name  
**FAIRFIELD'S BAY ISLAND COVE, INC.**



Principal Place of Business: **10036 SAWGRASS DRIVE, STE. 3 P. O. BOX 1159 PONTE VEDRA BEACH FL 32082**  
Mailing Address: **PO BOX 1159 P. O. BOX 1159 PONTE VEDRA BEACH FL 32004 US**

3. Date Incorporated or Qualified: **12/05/1988**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2965064**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **MUNCH DONALD FOUR SEASONS MANAGEMENT 10036 SAWGRASS D #3 PONTE VEDRA BCH. FL 32082**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>B- GIBSON, RODGER --</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>122 GLEN COVE PLACE --</b>	1.2 NAME	
STREET ADDRESS	<b>PONTE VEDRA BEACH FL ----</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>DP- MEYERS GILBERT --</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>133 GLEN COVE PLACE</b>	2.2 NAME	
STREET ADDRESS	<b>PONTE VEDRA BEACH FL ----</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<b>DV ENOEL JOHN ----</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Vice President, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>106 BAY HILL CT ----</b>	3.2 NAME	<b>Pelletier, Richard</b>
STREET ADDRESS	<b>PONTE VEDRA BEACH FL --</b>	3.3 STREET ADDRESS	<b>110 Bay Hill Court</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>
TITLE	<b>TD FERGUSON, WILLIAM</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>104 BAY HILL COURT</b>	4.2 NAME	
STREET ADDRESS	<b>PONTE VEDRA BEACH FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<b>BS PAULSON JACKYLN-</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Secretary, Director</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>112 BAY HILL COURT --</b>	5.2 NAME	<b>Glover, Connie</b>
STREET ADDRESS	<b>PONTE VEDRA BEACH FL --</b>	5.3 STREET ADDRESS	<b>116 Glen Cove Place</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>
TITLE	<b>President, Director</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Barncastle, Minerva</b>	6.2 NAME	
STREET ADDRESS	<b>121 Glen Cove Place</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Minerva G. Barncastle 3/29/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)