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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
4. FEI Number: 59-2965064
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARNCASTLE, MINERVA	
STREET ADDRESS	121 GLEN COVE PLACE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PELLETIER, RICHARD	
STREET ADDRESS	110 BAY HILL COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FERGUSON, WILLIAM	
STREET ADDRESS	104 BAY HILL COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GLOVER, CONNIE	
STREET ADDRESS	116 GLEN COVE PLACE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fleet, Douglas	
1.3 STREET ADDRESS	107 Bay Hill Ct	
1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL. 32082	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	La Vielle, Martha	
2.3 STREET ADDRESS	128 Glen Cove Place	
2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL. 32082	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pelletier, Gigg	
3.3 STREET ADDRESS	110 Bay Hill Ct	
3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL. 32082	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tunstall, William	
4.3 STREET ADDRESS	115 Glen Cove Place	
4.4 CITY-ST-ZIP	Ponte Vedra Beach, FL. 32082	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Connie Glover* 4/12/98 and 285-1526

CR2E037 (10/97)