

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90106 050 ****61.25

0000058

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N29536

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date incorporated or Qualified

12/05/1988

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

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FLETT, DOUGLAS	
STREET ADDRESS	107 BAY HILL CT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAVIELLE, MARTHA	
STREET ADDRESS	128 GLEN COVE PLACE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FERGUSON, WILLIAM	
STREET ADDRESS	104 BAY HILL CT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TUNSTALL, WILLIAM	
STREET ADDRESS	115 GLEN COVE PLACE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PELLETIER, GIGI	
STREET ADDRESS	110 BAY HILL CT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

William R. Ferguson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-25-99

285-9284
 Daytime Phone #

CR2E037 (1/98)