## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # N29536 1. Entity Name 04-12-2004 90323 029 \*\*\*\*61.25 FAIRFIELD'S BAY ISLAND COVE, INC. Principal Place of Business Mailing Address 9889-1 SAN JOSE BLVD JACKSONVILLE FL 32257 9889-1 SAN JOSE BLVD 24031122 JACKSONVILLE FL 32257 MOORE CR2E037 (11/03) Applied For 4. FEI Number 59-2965064 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANTRELL, NOREEN M 9889-1-SAN-JOSE BLVD JACKSONVILLE FL 32257 8. The above named entity submits this statement for the purpose of changing its registered office or register in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DPD TITLE TITLE ☐ Delete ☐ Change ☐ Addition TUNSTALL, BILL NAME NAME 115 GLEN COVE PL STREET ADDRESS STREET ADDRESS PONTE VEDRA FL 32082 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition FERGUSON, WILLIAM NAME 104 NAY HILL CT STREET ADDRESS STREET ADDRESS PONTE VEDRA FL 32082 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition PELLETIER, GIGI NAME NAME 410 BAY-HILL CT STREET-ADDRESS SORFETADORESS CITY-ST-7IP PONTE VEDRA FL 32082 CITY-ST-ZIP Addition TITLE 🔽 Delete TITLE SHAVER, BILL NAME NAME 129 GLEN COVE PLACE STREET ADDRESS STREET ADDRESS PONTE VEDRA FL 32082 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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.

WILLIAM C. TUNSTALK
IE OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #