

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29536

FILED
Feb 11, 2008
Secretary of State

Entity Name: FAIRFIELD'S BAY ISLAND COVE, INC.

Current Principal Place of Business:

4003 HARLTEY RD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

4003 HARLTEY RD
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-2965064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANTRELL, BRYAN
4003 HARLTEY RD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Title: DPD () Delete
Name: TUNSTALL, BILL
Address: 115 GLEN COVE PL
City-St-Zip: PONTE VEDRA, FL 32082

Title: DT () Delete
Name: FERGUSON, WILLIAM
Address: 104 BAY HILL CT
City-St-Zip: PONTE VEDRA, FL 32082

Title: DS () Delete
Name: PELLETIER, GIGI
Address: 110 BAY HILL CT
City-St-Zip: PONTE VEDRA, FL 32082

Title: DVP (X) Delete
Name: FRANKOWSKY, REGIS
Address: 104 BAY HILL CT
City-St-Zip: PONTE VEDRA, FL 32082

Title: D () Delete
Name: CANNING, RICHARD
Address: 111 BAY HILL CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: MOBILIA, ROSS
Address: 125 GLEN COVE PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: BILL TUNSTALL

DP

02/11/2008

Electronic Signature of Signing Officer or Director

Date