

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29536

FILED  
Mar 02, 2009  
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: 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:

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

03/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date