## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## Apr 03, 2006 8:00 am Secretary of State DOCUMENT # N42800 04-03-2006 90363 018 \*\*\*\*61.25 1. Entity Name FAIRVIEW OF ATLANTIS HOMEOWNERS ASSOCIATION, quv--Principal Place of Business Mailing Address 189 ORANGE TREE DR 193 ORANGE TREE DR ATLANTIS, FL 33462 ATLANTIS, FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 4. FEI Number 65-0262243 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Reculred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WAGNER, SUSAN 193 ORANGE TREE DR Street Address (P.O. Box Number is Not Acceptable) ATLANTIS, FL 33462 City Zip Code 8. 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. 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) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PΠ ☐ Defete TITLE ☐ Change ☐ Addition **BILLIES, DICKSON** NAME NAME STREET ADDRESS 189 ORANGE TREE DR. STREET ADDRESS CITY-ST-ZDP ATLANTIS, FL 33462 CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change ☐ Addition MORRIS, RAY NAME NAME STREET ADDRESS 181 ORANGE TREE DRIVE STREET ADDRESS CITY-ST-ZIP ATLANTIS, FL 33462 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WAGNER, SUSAN NAME NAME STREET ADDRESS 193 ORANGE TREE DR STREET ADDRESS CITY-ST-ZIP ATLANTIS, FL 33462 CITY-ST-ZIP ☐ Addition TITLE SD ☐ Delete TITLE Change CHISHOLM, GEORGE NAME NAME STREET ADDRESS 197 ORANGE TREE DR STREET ADDRESS CITY-ST-ZIP ATLANTIS, FL 33462 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-7IP