


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N99000001928</b> 1. Entity Name <b>FAIRMONT AT REGENCY LAKES HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>C/O CAMPBELL PROPERTY MANAGEMENT 1215 E HILLSBORO BLVD DEERFIELD BEACH FL 33441</b>	Mailing Address <b>C/O CAMPBELL PROPERTY MANAGEMENT 1215 E HILLSBORO BLVD DEERFIELD BEACH FL 33441</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number <b>65-0920385</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State	City & State	1st MOORE CR2E037 (10/07)	
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  <b>SACHS, SAX &amp; KLEIN, P.A. NORTHERN TRUSS PLAZA STE 4150 301 YAMATO ROAD BOCA RATON FL 33431</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HOLLANDER, ROBERT</b> <b>4978 EGRET COURT</b> <b>POMPANO BEACH FL 33073</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace;">                     U00000901257                      04/29/08-80061-015 61.25                 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MUELLER, JOHN</b> <b>4969 EGRET COURT</b> <b>COCONUT CREEK FL 33073</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BARTLEY, DAVID</b> <b>4938 EGRET COURT</b> <b>COCONUT CREEK FL 33073</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Hollander *Robert Hollander* 4/7/08 954 557 3216