FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:54

DOCUMENT # **N25005** (2)

1. Corporation Name

FAIRFAX HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8466 NO LOCKWOOD RIDGE RD STE 300 SARASOTA FL 34243 US	8466 NO LOCKWOOD RIDGE RD STE 300 SARASOTA FL 34243 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1988
3a. Date of Last Report: 03/04/1994
4. FEI Number: 65-0347595 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 20261
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 BRADENTON FL
Zip 24 / Country 25	Zip 29 34203 / Country 30

9. Name and Address of Current Registered Agent

DESENBERG, TREY
8466 NO LOCKWOOD RIDGE RD
STE 300
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	DESENBERG, TREY	12 NAME	
STREET ADDRESS	8466 NO LOCKWOOD RIDGE RD #300	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	APPLE, JERRY	22 NAME	APPLE, JERRY
STREET ADDRESS	8466 NO LOCKWOOD RIDGE RD #300	23 STREET ADDRESS	8466 N. LOCKWOOD RIDGE RD #300
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	SARASOTA, FL. 34243
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	GOEDE, WILLIAM MOVED	32 NAME	SOROCHTY, ROGER
STREET ADDRESS	4306 FAIRFAX DR E	33 STREET ADDRESS	4509 WINDSOR CT
CITY-ST-ZIP	BRADENTON FL	34 CITY-ST-ZIP	BRADENTON, FL 34203
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roger W. Sorochty Roger W. Sorochty 4-26-95 813-864-8421
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0018044