

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N25005** (2)

1. Corporation Name

FAIRFAX HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

**8466 NO LOCKWOOD RIDGE RD
STE 300
SARASOTA FL 34243
US**

Mailing Address

**P.O. BOX 20261
STE 300
BRADENTON FL 34203
US**

3. Date Incorporated or Qualified
02/24/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **11509 Windsor Ct**

26 **Po Box 20261**

4. FEI Number
65-0347595

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State

28 City & State

Bradenton FL

Bradenton FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

34203

US

34203

US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **Roger Sorochty**
82 Street Address (P.O. Box Number is Not Acceptable)
4509 Windsor Ct
83
84 City **Bradenton** FL 85 Zip Code **34203**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Roger W. Sorochty

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 14, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DESENBERG, TREY	
STREET ADDRESS	8466 NO LOCKWOOD RIDGE RD #300	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	APPLE, JERRY	
STREET ADDRESS	8466 NO LOCKWOOD RIDGE RD #300	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOROCHTY, ROGER	
STREET ADDRESS	4509 WINDSOR CT.	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	000001747460
1.4 CITY-ST-ZIP	-03/18/96--01085--010
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP/D Lawrence Lauriello
4.3 STREET ADDRESS	4232 Fairway Drive E
4.4 CITY-ST-ZIP	Bradenton FL 34203
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP/D Kenneth Foerster
5.3 STREET ADDRESS	4020 Dover Drive E.
5.4 CITY-ST-ZIP	Bradenton FL 34203
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 17, 1996 813.864.8197

Date

Daytime Phone #

CR2E037 (12/95)