FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State * DIVISION OF CORPORATIONS

1997

DOCUMENT # N25005 (2)

FAIRFAX HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED Feb 07 1997 8:00am Secretary of State



4509 WINDSOF BRADENTON F US		P.O. BOX 20261 BRADENTON FL 34204-0261 US		3. Date Incorporated or Qualified 02/24/1988	3e. Date of Last Report 03/18/1996
L ·	lace of Business 7 Dover Start.	2a. Mailing Address 26 Ame		4. FEI Number 65-0347595	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	dentin FL	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3 4 2	Country 25 US	Zip 29 :	Country 30		Yes 🔂 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	TLA	Perrone	81 Name		
1 821 Street Address (P.O. Box Number is Not Acceptable)					
	INDSOR CT. 4517	Vover St. Cii	7. E. 83		
BEADER	ITON FL 34203	1 61 - 6			
,	UFAGE	into 1, 11 342	64 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617 0502	and 617 1508 Florida Statute	the above named	l corporation submits this statement for the p	urnoss of changing the 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.					
ا المنظم المناطقة الم					
SIGNATURE	Signature, typed or printed name of registered agent.	and tille if applicable. (NOTE		e required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	VPD	L DELETE	1.1 TITLE	President/ Direc	Change Addition
NAME	FOERSTER, KENNETH		1.2 NAME	ILA Perrone	_
STREET ADDRESS	4020 DOVER DRIVE E.		1.3 STREET ADDRESS	4517 DOVER SE, CI	r.C.
CITY-ST-ZIP	BRADENTON FL 34203	III perse	1.4 CITY-ST-ZIP	T3 ragenton, PI	3 <i>47.</i> 2 3
TITLE	VPD	☐ DELETE	2.1 TITLE	VP/ DIFECT	Change Addition
NAME DESCRIPTION	LAURIELLO, LAWRENCE		2.2 NAME	DouglAS PARMA	
STREET ADDRESS	4232 FAIRFAX DRIVE E. BRADENTON FL 34203		2.3 STREET ADDRESS	4502 Bristol Com	<u>工</u> を
CITY-ST-ZIP TITLE	P/D	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Diegenton 161 :	Change Addition
NAME	SOROCHTY, ROGER		3.2 NAME	Batter Handonson	
STREET ADDRESS	4509 WINDSOR CT.		3.3 STREET ADDRESS	Betty Henderson 4323 FAIRFAX Dr	ε. ε.
CITY-ST-ZIP	BRADENTON FL		3.4. CITY-ST-ZIP	Bradentan FL 34	
TITLE		DELETE	4.1 TITLE	D	Change Addition
NAME			4.2 NAME	Adriana Johns	• •
STREET ADDRESS			4.3 STREET ADDRESS	4514 Bristol Ct.E.	,
CITY-ST-ZIP			44 CITY-ST-ZIP	Bradenton PL 34	
TITLE		DELETE	5.1 TITLE	Ð	Change Addition
NAME			5.2 NAME	CALBERT HYLAND	_
STREET ADDRESS			5.3 STREET ADDRESS	Calbert Hyland 4562 Dover St.Cir Bradentin FL 34	· E ·
CITY-ST-ZIP		100.00	5.4 CITY-SY-ZIP	Bradentin EL 34	203
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		10. 4 : 60	6.4 CITY - ST - ZIP		

I do hereby certify that the information supplied with this filing 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 chapted, or on an attachment with an address.