

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25005

FILED
Apr 30, 2009
Secretary of State

Entity Name: FAIRFAX HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2831 RINGLING BLVD
#218F
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

2831 RINGLING BLVD
#218F
SARASOTA, FL 34237 US

New Mailing Address:

FEI Number: 65-0347595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA SERVICES, INC.
2831 RINGLING BLVD
#218F
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAURIELLO, LINDA
Address: 2831 RINGLING BLVD 218F
City-St-Zip: SARASOTA, FL 34237 US

Title: D () Delete
Name: SILVERS, DUANE
Address: 2831 RINGLING BLVD 218F
City-St-Zip: SARASOTA, FL 34237 US

Title: S () Delete
Name: FISHER, J
Address: 2831 RINGLING BLVD., SUITE 218F
City-St-Zip: SARASOTA, FL 34237

Title: T () Delete
Name: BREATH, L.
Address: 2831 RINGLING BLVD., SUITE 218F
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WILLIAMS, R
Address: 2831 RINGLING BLVD., SUITE 218F
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. LAURIELLO

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date