

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002175

**FILED  
Apr 26, 2019  
Secretary of State  
0596561704CC**

**Entity Name:** FAIRBANKS NEIGHBORHOOD & MERCHANTS ASSOCIATION, INC.

**Current Principal Place of Business:**

1700 WEST FAIRBANKS AVENUE  
WINTER PARKS, FL 32789

**Current Mailing Address:**

1700 WEST FAIRBANKS AVENUE  
WINTER PARK, FL 32789 US

**FEI Number:** 27-5344456

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CONEY, LISA N  
1700 W. FAIRBANKS AVENUE  
WINTER PARK, FL 32789 US

*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

**Officer/Director Detail :**

Title P  
Name CONEY, LISA  
Address 1350 WEST FAIRBANKS AVENUE  
City-State-Zip: WINTER PARKS FL 32789

Title V  
Name D'AURIA, GINA  
Address 1350 WEST FAIRBANKS AVENUE  
City-State-Zip: WINTER PARKS FL 32789

Title S  
Name D'AURIA, GINA  
Address 1700 WEST FAIRBANKS AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title T  
Name D'AURIA, LINDA  
Address 1700 WEST FAIRBANKS AVENUE  
City-State-Zip: WINTER PARK FL 32789

*I hereby 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 all other like empowered.*

**SIGNATURE:** LISA CONEY

P

04/26/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date