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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 MAR 30 AM 10:37

DOCUMENT # **727044** **(0)**

1. Corporation Name

THE FAIRVIEW APARTMENTS OF ST. AUGUSTINE SHORES, INC.

Principal Place of Business	Mailing Address
455 DOMENICO CIR APT G-1 ST AUGUSTINE FL 32086	455 DOMENICO CIR APT G-1 ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/26/1973**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **59-1874119** ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LOHR, ROBERT
455 DOMENICO CIRCLE G-1
ST.AUGUSTINE FL 32086

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	CHARLES F MIKESELL ☐ Change ☒ Addition
NAME	PATTERSON, JOHN L	12 NAME	
STREET ADDRESS	455 DOMENICO CRL, D 2	13 STREET ADDRESS	789 DELTONA BLVD
CITY-ST-ZIP	ST.AUGUSTINE FL	14 CITY-ST-ZIP	ST AUGUSTINE FL 32086
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	LOCKWOOD, ELLIS A	22 NAME	
STREET ADDRESS	455 DOMENICO CIR G-7	23 STREET ADDRESS	
CITY-ST-ZIP	ST.AUGUSTINE FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	SEIFRIED, ERNEST	32 NAME	
STREET ADDRESS	455 DOMENICO CIR #G15	33 STREET ADDRESS	
CITY-ST-ZIP	ST.AUGUSTINE FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	DOERFLER, FRED	42 NAME	
STREET ADDRESS	455 DOMENICO CIR G-4	43 STREET ADDRESS	
CITY-ST-ZIP	ST.AUGUSTINE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	ELSIE DOFER ☒ Change ☐ Addition
NAME	SMITH, WALDO (OUT)	52 NAME	
STREET ADDRESS	455 DOMENICO CIR	53 STREET ADDRESS	455 DOMENICO CIR F4
CITY-ST-ZIP	ST.AUGUSTINE FL	54 CITY-ST-ZIP	ST AUGUSTINE FL 32086
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SISSON, RAY	62 NAME	
STREET ADDRESS	455 DOMENICO CIRCLE	63 STREET ADDRESS	
CITY-ST-ZIP	ST.AUGUSTINE FL	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: FRED A DOERFLER, TREAS. Fred A Doerfler 3-14-95 904-794-7763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022073