

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 # **727044** (0)

1. Corporation Name

**THE FAIRVIEW CONDOMINIUM 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**



3. Date Incorporated or Qualified
07/26/1973

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 **455 DOMENICO CIR**

26 **455 DOMENICO CIR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **OFFICE**

27 **OFFICE**

City & State

City & State

23 **ST AUGUSTINE, FL**

28 **ST AUGUSTINE, FL**

Zip Country

Zip Country

24 **32086** 25 **US**

29 **32086** 30 **US**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

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

81 Name **JOSEPH H. SMITH III**

82 Street Address (P.O. Box Number is Not Acceptable)
242 DELTONA BLVD.

83

84 City **ST AUGUSTINE** FL 85 Zip Code **32086**

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

JOSEPH H. SMITH III
Signature, handwritten or printed name of registered agent and title if applicable

JOSEPH H. SMITH III
(NOTE: Registered Agent signature required when reinstating)

2/20/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE
NAME **PATTERSON, JOHN L**
STREET ADDRESS **455 DOMENICO CIR, D 2**
CITY - ST - ZIP **ST.AUGUSTINE FL**

1.1 TITLE **T** ☐ Change ☒ Addition
1.2 NAME **CHARLES MIKESELL**
1.3 STREET ADDRESS **455 DOMENICO CIR G-10**
1.4 CITY - ST - ZIP **ST AUGUSTINE, FL 32086**

TITLE **S** ☐ DELETE
NAME **LOCKWOOD, ELLIS A**
STREET ADDRESS **455 DOMENICO CIR G-7**
CITY - ST - ZIP **ST.AUGUSTINE FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **AUDREY ADAMAY**
2.3 STREET ADDRESS **455 DOMENICO CIR G-5**
2.4 CITY - ST - ZIP **ST AUGUSTINE, FL 32086**

TITLE **PD** ☐ DELETE
NAME **SEIFRIED, ERNEST**
STREET ADDRESS **455 DOMENICO CIR #G15**
CITY - ST - ZIP **ST.AUGUSTINE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **T** ☒ DELETE
NAME **DOERFLER, FRED**
STREET ADDRESS **455 DOMENICO CIR G-4**
CITY - ST - ZIP **ST.AUGUSTINE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **ZOFER, ELSIE**
STREET ADDRESS **455 DOMENICO CIR F4**
CITY - ST - ZIP **ST.AUGUSTINE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **SISSON, RAY**
STREET ADDRESS **455 DOMENICO CIRCLE F-12**
CITY - ST - ZIP **ST.AUGUSTINE FL**

6.1 TITLE ☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)