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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32086-7822**



3. Date Incorporated or Qualified
07/26/1973

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

21 600 Domenico Circle

2a. Mailing Address

26 600 Domenico Circle

Suite, Apt. #, etc.

22 Attn: Office

Suite, Apt. #, etc.

27 Attn: Office

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, III J
242 DELTONA BLVD
ST.AUGUSTINE FL 32086**

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 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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE

NAME **PATTERSON, JOHN L**
STREET ADDRESS **455 DOMENICO CRL, D 2**
CITY-ST-ZIP **ST.AUGUSTINE FL**

TITLE **S** ☐ DELETE

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

TITLE **PD** ☐ DELETE

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

TITLE **T** ☐ DELETE

NAME **MIKESELL, CHARLES**
STREET ADDRESS **455 DOMENICO CIRCLE G-10**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **D** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **600 Domenico Circle**
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **600 Domenico Circle**
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **600 Domenico Circle**
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **600 Domenico Circle**
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS **600 Domenico Circle**
5.4 CITY-ST-ZIP

ADDREY ADAMAY
600 Domenico Circle, G-05
ST. AUGUSTINE FL 32086

(PLEASE ADD THIS AS WELL)

ADDITION

14. 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 changed, or on an attachment with an address.

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