


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 455 DOMENICO CIR APT G-1 ST AUGUSTINE FL 32086	Mailing Address 455 DOMENICO CIR APT G-1 ST AUGUSTINE FL 32086
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3. Date Incorporated or Qualified 07/26/1973	
4. FEI Number 59-1874119	Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 600 DOMENICO CIRCLE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 OFFICE
City & State 23	City & State 28 ST AUGUSTINE, FL
Zip 24	Zip 29 32086
Country 25	Country 30 U.S.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMITH, W J
242 DELTONA BLVD
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 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]
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 <input type="checkbox"/> DELETE
NAME	PATTERSON, JOHN L
STREET ADDRESS	600 DOMENICO CIRCLE
CITY-ST-ZIP	ST.AUGUSTINE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	LOCKWOOD, ELLIS A
STREET ADDRESS	600 DOMENICO CIRCLE
CITY-ST-ZIP	ST.AUGUSTINE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SEIFRIED, ERNEST
STREET ADDRESS	600 DOMENICO CIRCLE
CITY-ST-ZIP	ST.AUGUSTINE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MIKESSELL, CHARLES
STREET ADDRESS	600 DOMENICO CIRCLE
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ZOFER, ELSIE
STREET ADDRESS	600 DOMENICO CIRCLE
CITY-ST-ZIP	ST.AUGUSTINE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ADAWAY, AUDREY
STREET ADDRESS	600 DOMENICO CIRCLE G-05
CITY-ST-ZIP	ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	600 DOMENICO CIRCLE
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **(904) 797-4500**

CR2E037 (10/97)