

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90009 041 ****61.25

DOCUMENT # 727044

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
600 DOMENICO CIRCLE
ST AUGUSTINE FL 32086
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	600 DOMENICO CIRCLE	26		07/26/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	OFFICE	27		59-1874119	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	ST. AUGUSTINE FL	28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 32086	29	Country	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATTERSON, JOHN L			1.2 NAME	KALMBACHER, NANCY		
STREET ADDRESS	600 DOMENICO CIRCLE			1.3 STREET ADDRESS	600 DOMENICO CIRCLE		
CITY-ST-ZIP	ST.AUGUSTINE FL			1.4 CITY-ST-ZIP	ST. AUGUSTINE FL		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOCKWOOD, ELLIS A			2.2 NAME			
STREET ADDRESS	600 DOMENICO CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST.AUGUSTINE FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEIFRIED, ERNEST			3.2 NAME			
STREET ADDRESS	600 DOMENICO CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST.AUGUSTINE FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIKESSELL, CHARLES			4.2 NAME			
STREET ADDRESS	600 DOMENICO CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZOFER, ELSIE			5.2 NAME			
STREET ADDRESS	600 DOMENICO CIRCLE			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST.AUGUSTINE FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAWAY, AUDREY			6.2 NAME			
STREET ADDRESS	600 DOMENICO CIRCLE G-05			6.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL			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, with all other like empowered.

SIGNATURE: *Ellis A. Lockwood* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/99

Date

904-797-4500

Daytime Phone #

CR2E037 (5/99)