
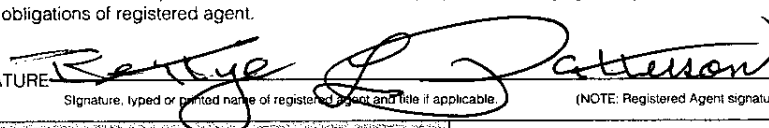
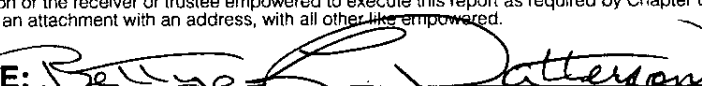


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90029 013 ****61.25

DOCUMENT # 727044 1. Entity Name THE FAIRVIEW CONDOMINIUM OF ST. AUGUSTINE SHORES, INC.					
Principal Place of Business 600 DOMENICO CIRCLE SAINT AUGUSTINE FL 32086			Mailing Address 600 DOMENICO CIRCLE ST AUGUSTINE FL 32086 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1874119 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTERSON, BETTY 600 DOMENICO CIR #D-2 SAINT AUGUSTINE FL 32086				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATTERSON, BETTY 600 DOMENICO CIR., #D-2 SAINT AUGUSTINE FL 32086	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Betty Patterson 600 Domenico Cir. # D-2 St. Augustine, FL 32086
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHOENFELDT, LOVELLA 600 DOMENICO CIR., #B-6 SAINT AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lawrence Hoar 600 Domenico Cir. # D-1 St. Augustine, FL 32086
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOAR, LAWRENCE 600 DOMENICO CIR., #D01 SAINT AUGUSTINE FL 32086	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ken Forrester 997 Oxford Dr. St. Augustine, FL 32084
				<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOND, KEN 600 DOMENICO CIR., #F-9 SAINT AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Diane Holland 600 Domenico Cir. #F-8 St. Augustine, FL 32086
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHATLEY, CAROL 600 DOMENICO CIR., #B-4 SAINT AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edna Drew 600 Domenico Cir. # E-2 St. Augustine, FL 32086
				<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHATLEY, CAROLE 600 DOMENICO CIRCLE SAINT AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeanette Flowers 600 Domenico Cir. #A-2 St. Augustine, FL 32086
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  1-27-04 904 797-4500					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					