

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90051 023 ****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

50014228



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1874119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

JOE DELORETTO

Street Address (P.O. Box Number is Not Acceptable)

600 DOMENICO CIRCLE, B-10

City

ST. AUGUSTINE

FL

Zip Code

32086

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

Joseph J. DeLoretto

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4 Feb. 05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, BETTY	
STREET ADDRESS	600 DOMENICO CIR., #D-2	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOAR, LAWRENCE	
STREET ADDRESS	600 DOMENICO CIR., # D-1	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOAR, LAWRENCE	
STREET ADDRESS	600 DOMENICO CIR., #D01	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, DIANE	
STREET ADDRESS	600 DOMENICO CIR., #F-9	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DREW, EDNA	
STREET ADDRESS	600 DOMENICO CIR., # F-8	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLOWERS, JEANETTE	
STREET ADDRESS	600 DOMENICO CIR., # A-2	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE DELORETTO	
STREET ADDRESS	600 DOMENICO CIRCLE, B-10	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLEN DIXON	
STREET ADDRESS	600 DOMENICO CIRCLE, A-8	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEN FORRESTER	
STREET ADDRESS	600 DOMENICO CIRCLE, F-3	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYNTHIA DUKES	
STREET ADDRESS	600 DOMENICO CIRCLE, A-1	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL HANAFIN	
STREET ADDRESS	600 DOMENICO CIRCLE, D-9	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM SCHRODER	
STREET ADDRESS	600 DOMENICO CIRCLE G-12	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	

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:

Joseph J. DeLoretto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Feb. 05 (904) 797-4500

Date Daytime Phone