

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90077 030 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

DELORETTO, JOE
600 DOMENICO CIR
B-10 A8, B9-28
SAINT AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name *HANAFIN, William C*
Street Address (P.O. Box Number is Not Acceptable)
600 Domenico Circle, A8
St. Augustine
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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* ☐ Delete
NAME *DELORETTO, JOE*
STREET ADDRESS *600 DOMENICO CIRCLE B-10*
CITY-ST-ZIP *SAINT AUGUSTINE FL 32086*

TITLE *VP* ☐ Delete
NAME *DIXON, ELLEN*
STREET ADDRESS *600 DOMENICO CIRCLE, A-8*
CITY-ST-ZIP *SAINT AUGUSTINE FL 32086*

TITLE *T* ☐ Delete
NAME *FORRESTER, KEN*
STREET ADDRESS *600 DOMENICO CIRCLE F3*
CITY-ST-ZIP *SAINT AUGUSTINE FL 32086*

TITLE *S* ☐ Delete
NAME *DUKES, CYNTHIA*
STREET ADDRESS *600 DOMENICO CIRCLE A-1*
CITY-ST-ZIP *SAINT AUGUSTINE FL 32086*

TITLE *D* ☐ Delete
NAME *HANAFIN, BILL*
STREET ADDRESS *600 DOMENICO CIRCLE B-9*
CITY-ST-ZIP *SAINT AUGUSTINE FL 32086*

TITLE *D* ☐ Delete
NAME *SCHRODER, WILLIAM*
STREET ADDRESS *600 DOMENICO CIRCLE G12*
CITY-ST-ZIP *SAINT AUGUSTINE FL 32086*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *P* ☒ Change ☐ Addition
NAME *DELORETTO, JOE*
STREET ADDRESS *600 Domenico Circle, B-9*
CITY-ST-ZIP *St. Augustine, FL 32086*

TITLE *VP* ☐ Change ☐ Addition
NAME *Ellen Dixon*
STREET ADDRESS *600 Domenico circle, A-8*
CITY-ST-ZIP *St. Augustine FL 32086*

TITLE *T* ☐ Change ☐ Addition
NAME *Forrester, Ken*
STREET ADDRESS *600 Domenico Circle, F-3*
CITY-ST-ZIP *St. Augustine, FL 32086*

TITLE *S* ☒ Change ☐ Addition
NAME *Linda McPherson*
STREET ADDRESS *600 Domenico circle, G-13*
CITY-ST-ZIP *St. Augustine, FL 32086*

TITLE *D* ☒ Change ☐ Addition
NAME *Robert Von Blom*
STREET ADDRESS *600 Domenico Circle, F-7*
CITY-ST-ZIP *St. Augustine, FL 32086*

TITLE *D* ☐ Change ☐ Addition
NAME *Schroder, William*
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 exemptions contained in Section 119, 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:

Linda M. McPherson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06 (904) 794-2017
Date Daytime Phone #