

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

due May 108
FILED
Apr 16, 2008 08:00 A
Secretary of State

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-1874119	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HANAFIN, WILLIAM 600 DOMENICO CIR, A8 SAINT AUGUSTINE FL 32086	
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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 *[Signature]* DATE *4-10-08*
Signature, typed or printed name of registered agent and Florida domicile (NOTE: Registered Agent signature is not required without returning)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANAFIN, BILL 600 DOMENICO CIR, B9 SAINT AUGUSTINE FL 32086 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000901207 04/29/08-80059-013 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIXON, ELLEN 600 DOMENICO CIRCLE, A-8 SAINT AUGUSTINE FL 32086 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORRESTER, KEN 600 DOMENICO CIRCLE F3 SAINT AUGUSTINE FL 32086 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PHERSON, LINDA A 600 DOMENICO CIR, E13 SAINT AUGUSTINE FL 32086 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEIGLER, WAYNE 600 DOMENICO CIR C-7 SAINT AUGUSTINE FL 32086 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRODER, WILLIAM 600 DOMENICO CIRCLE G12 SAINT AUGUSTINE FL 32086 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 affidavit, without other like empowered.

SIGNATURE: *[Signature]* **KEN FORRESTER** 10 APR 08 904-501-1985