

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727044

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE FAIRVIEW CONDOMINIUM OF ST. AUGUSTINE SHORES, INC.

Current Principal Place of Business:

600 DOMENICO CIRCLE
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

600 DOMENICO CIRCLE
ST AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 59-1874119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANAFIN, WILLIAM
600 DOMENICO CIR, A8
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANAFIN, BILL
Address: 600 DOMENICO CIR, B9
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP () Delete
Name: DIXON, ELLEN
Address: 600 DOMENICO CIRCLE, A-8
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T () Delete
Name: FORRESTER, KEN
Address: 600 DOMENICO CIRCLE F3
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: AS () Delete
Name: PHERSON, LINDA A
Address: 600 DOMENICO CIR, E13
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: ZEIGLER, WAYNE
Address: 600 DOMENICO CIR C-7
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: SCHRODER, WILLIAM
Address: 600 DOMENICO CIRCLE G12
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: PHERSON, LINDA A
Address: 600 DOMENICO CIR, G13
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Change () Addition
Name: CONKLIN, FAYE
Address: 600 DOMENICO CIR B1
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HANAFIN

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date