

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

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90164 043 ****61.25

DOCUMENT # 745088 1. Entity Name FAIRFIELD F CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business STERLING MANAGEMENT INC. 1701-B RICKENBACKER DRIVE SUN CITY CENTER FL 33573			Mailing Address STERLING MANAGEMENT INC. 1701-B RICKENBACKER DRIVE SUN CITY CENTER FL 33573		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1981351 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> 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 DE FURIO, JAMES R ESQ 101 E. KENNEDY BLVD. SUITE 3000 TAMPA FL 33602				7. Name and Address of New Registered Agent Law Offices of James R. De Furio, P.A. 201 East Kennedy Boulevard Suite 1460 Tampa, Florida 33602	
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  DATE 4-12-05					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW: FEE IS \$61.25 Due By May 1, 2005 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%; text-align: center;"> Make Check Payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRECO, BEN 405-B FULHAM CT. SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kelly, Joan 301-A Fowling Ct. Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLY, JOAN 301A FOWLING CT. SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Greco, Sandy 405-B Fulham Ct. Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KETCHAM, NELL 1818 A FOXHUNT DR. SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUST, IDA 404B FULHAM CT. SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRECO, SANDY 405B FULHAM CT. SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 			4-26-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					