

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 745889</b> 1. Entity Name <b>FAIRFIELD C CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>STERLING MGMT INC 1701B RICKENBACKER DR SUN CITY CENTER, FL 33573</b>				Mailing Address <b>STERLING MGMT INC 1701B RICKENBACKER DR SUN CITY CENTER, FL 33573</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1981353</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DE FURIO, JAMES R ESQ 201 EAST KENNEDY BOULEVARD SUITE 1460 TAMPA, FL 33602</b>				Name  Street Address (P O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STYLE, MARGARET</b>			NAME	
STREET ADDRESS	<b>302-A FRIAR CT.</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAGAARD, DOROTHY</b>			NAME	
STREET ADDRESS	<b>303-A FRIAR CT.</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUMACK, MILLIE</b>			NAME	
STREET ADDRESS	<b>1824-A FOXHUNT DR.</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIBLET, HELEN</b>			NAME	
STREET ADDRESS	<b>306-A FRIAR CT.</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGLEY, ELIZABETH</b>			NAME	
STREET ADDRESS	<b>403-A FINCHLEY CT.</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Margaret Style</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-20-06</b>	

