

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90080 029 \*\*\*\*61.25

**DOCUMENT # 745889**

1. Entity Name  
FAIRFIELD C CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
STERLING MGMT INC  
1701B RICKENBACKER DR  
SUN CITY CENTER, FL 33573

Mailing Address  
STERLING MGMT INC  
1701B RICKENBACKER DR  
SUN CITY CENTER, FL 33573

40088472



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Sterling Management  
1904 Clubhouse Drive  
Sun City Center, FL 33573

(pt. #, etc.)

State

Country

01182008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1981353

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DE FURIO, JAMES R ESQ  
201 EAST KENNEDY BOULEVARD  
SUITE 1460  
TAMPA, FL 33602

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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**

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME STYLE, MARGARET  
STREET ADDRESS 302-A FRIAR CT.  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE TD ☐ Delete  
NAME BAGAARD, DOROTHY  
STREET ADDRESS 303-A FRIAR CT.  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D ☐ Delete  
NAME AUMACK, MILLIE  
STREET ADDRESS 1824-A FOXHUNT DR.  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE VPD ☒ Delete  
NAME RIBLET, HELEN  
STREET ADDRESS 306-A FRIAR CT.  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE SD ☒ Delete  
NAME LANGLEY, ELIZABETH  
STREET ADDRESS 403-A FINCHLEY CT.  
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPSD ☐ Change ☒ Addition  
NAME Elizabeth Langley  
STREET ADDRESS 403 A Finchley Court  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: *Margaret Style*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08

Date

Daytime Phone #