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

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90317 033 ****61.25

DOCUMENT # 746504

1. Entity Name

FAIRMONT ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
FAIRMONT ESTATES 36 SW BLACKBURN TERR, #4 STUART FL 34997 US	FAIRMONT ESTATES 36 SW BLACKBURN TERR, #4 STUART FL 34997 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
	Fairmont Estates
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 2767
City & State	City & State Stuart, FL 34995
Zip / Country	Zip / Country 34995 / US

4. FEI Number 59-2400335 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAZI, LEIF 217 E OCEAN BLVD. STUART FL 34994	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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JONES, NELSON 79 S.W. BLACKBURN TER #4 STUART FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VALENTINE, RICHARD 89 SW BLACKBURN TER. #9 Stuart, FL 34997	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCACCO, LISA 60 SW BLOCKBURN TRL STUART FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~Mary~~ Coughanour, Mary 99 SW Blackburn Ter, #10 Stuart, FL 34997	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCACCO, JOHN 60 S.W. BLACKBURN TER. #1 STUART FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~Mrs~~ Kessler, Margaret 69 SW Blackburn Ter, #3 Stuart, FL 34997	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAPOCCIONI, MARY 60 S.W. BLACKBURN TER. #7 STUART FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Kessler, Margaret 69 SW Blackburn Ter. #3 Stuart, FL 34997	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: Margaret Kessler 2/2/05 772-631-2909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #