2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-22-2007 90012 045 ****61.25

DOCUMENT # **746504**

1. Entity Name

FAIRMONT ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
FAIRMONT ESTATES 69 SW BLACKBURN TERR, #3 STUART FL 34997 US	FAIRMONT ESTATES P.O. BOX 2767 STUART FL 34995 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
89 SW BLACKBURN TER #1	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART FL	City & State
Zip: 34997 Country: MARTIN	Zip: 34997 Country: USA

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

GRAZI, LEIF
217 E OCEAN BLVD.
STUART FL 34994

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

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 VFALENTINE, RICHARD 89 SW BLACKBURNTER # 9 STUART FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JERRY HODGES 70 SW BLACKBURN TER #10 STUART FL 34997	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COUGHANOUR, MARY 99 SW BLACKBURN TERRACE # 10 STUART FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD INGRID HOLMBERG 50 SW BLACKBURN TER #4	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KESSLER, MARGARET 69 SW BLACKBURN TERRACE # 3 STUART FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RICHARD BLAZEK 89 SW BLACKBURN TER #1 STUART FL 34997	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KESSLER, MARGARET 69 SW BLACKBURN TERRACE # 3 STUART FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RICHARD BLAZEK 89 SW BLACKBURN TER #1 STUART FL 34997	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JIM LEWIS 69 SW BLACKBURN TER #9 STUART FL 34997	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOROTHY BRIDGER 80 SW BLACKBURN TER #5 STUART FL 34997	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 2/16/07 772-220-2187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #