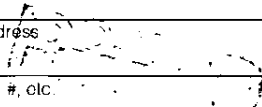
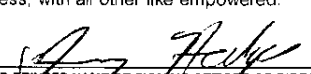


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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 FAIRMONT ESTATES 69 SW BLACKBURN TERR, #3 STUART FL 34997 US			Mailing Address FAIRMONT ESTATES P.O. BOX 2767 STUART FL 34995 US		
2. Principal Place of Business - No P.O. Box # 89 SW BLACKBURN TER #1		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State STUART FL		City & State 		4. FEI Number 59-2400335	
Zip 34997		Country MARTIN		Zip 34997	
Country USA		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 _____ (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 BLACKBURNTER # 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	☐ 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	☐ 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 2/16/07 Daytime Phone # 772-220-2187					