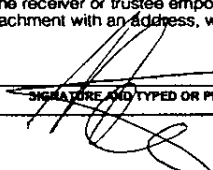


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90015 013 ****61.25

DOCUMENT # 746504					
1. Entity Name FAIRMONT ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 89 SW BLACKBURN TERR, #3 STUART, FL 34997 US			Mailing Address FAIRMONT ESTATES P.O. BOX 2767 STUART, FL 34997 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2400335	
Zip		Country		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	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	☐ Change ☐ Addition	
NAME	HODGES, JERRY		NAME		
STREET ADDRESS	70 SW BLACKBURN TERR #10		STREET ADDRESS		
CITY - ST - ZIP	STUART, FL 34997		CITY - ST - ZIP		
TITLE	VD		TITLE	☐ Change ☐ Addition	
NAME	HOLMBERG, INGRID		NAME		
STREET ADDRESS	50 SW BLACKBURN TERR #4		STREET ADDRESS		
CITY - ST - ZIP	STUART, FL 34997		CITY - ST - ZIP		
TITLE	SD		TITLE	☐ Change ☐ Addition	
NAME	BLAZEK, RICHARD		NAME		
STREET ADDRESS	89 SW BLACKBURN TERR #1		STREET ADDRESS		
CITY - ST - ZIP	STUART, FL 34997		CITY - ST - ZIP		
TITLE	TD		TITLE	☐ Change ☐ Addition	
NAME	BLAZER, RICHARD		NAME		
STREET ADDRESS	89 SW BLACKBURN TERR #1		STREET ADDRESS		
CITY - ST - ZIP	STUART, FL 34997		CITY - ST - ZIP		
TITLE	D		TITLE	☐ Change ☐ Addition	
NAME	LEWIS, JIM		NAME		
STREET ADDRESS	69 SW BLACKBURN TERR #9		STREET ADDRESS		
CITY - ST - ZIP	STUART, FL 34997		CITY - ST - ZIP		
TITLE	D		TITLE	☐ Change ☐ Addition	
NAME	BRIDGES, DOROTHY		NAME		
STREET ADDRESS	80 SW BLACKBURN TERR #5		STREET ADDRESS		
CITY - ST - ZIP	STUART, FL 34997		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:  Richard J. BLAZEK					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 1/28/08 772 1810298	