2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# 748600

Entity Name: FAIRVIEW ISLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6655 ESTERO BLVD.
FT. MYERS BEACH, FL 339314549

New Principal Place of Business:

Current Mailing Address:

6655 ESTERO BLVD.
FT. MYERS BEACH, FL 339314549

New Mailing Address:

FEI Number: 59-2021017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONNELLY, CATHERINE
6655 ESTERO BLVD #214
FORT MYERS BEACH, FL 32931 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: BOTS, TIMOTHY
Address: 6645 ESTERO BLVD #206
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: VD ( ) Delete
Name: HORVATH, SHARON
Address: 5390 BRIANARD ROAD
City-St-Zip: SOLON, OH 44139

Title: P ( ) Delete
Name: CODY, VINCENT
Address: 6665 ESTERO BLVD, # 223
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: SD ( ) Delete
Name: DONNELLY, CATHERINE
Address: 6655 ESTERO BLVD. , #214
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: V ( ) Delete
Name: PARKER, BRUCE
Address: 6665 ESTERO BLVD #224
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: HORVATH, SHARON
Address: 5390 BRAINARD ROAD
City-St-Zip: SOLON, OH 44139

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT CODY P 02/11/2008

Electronic Signature of Signing Officer or Director — Date