2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748600

FILED Apr 09, 2009 Secretary of State

Entity Name: FAIRVIEW ISLES CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 6655 ESTERO BLVD FT. MYERS BEACH, FL 339314549 **Current Mailing Address: New Mailing Address:** 6655 ESTERO BLVD. FT. MYERS BEACH, FL 339314549 FEI Number: 59-2021017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DONNELLY, CATHERINE HORVATH, SHARON 6655 ESTERO BLVD #214 6645 ESTERO BLVD #106 FORT MYERS BEACH, FL 32931 US FORT MYERS BEACH, FL 32931 US 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: SHARON HORVATH 04/09/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BOTS, TIMOTHY Name: Name: 6645 ESTERO BLVD #206 Address: Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition HORVATH, SHARON Name: MACPHEE, ROBERT Name: Address: 5390 BRAINARD ROAD Address: 6645 ESTERO BLVD. #101 City-St-Zip: SOLON, OH 44139 City-St-Zip: FT MYERS BEACH, FL 33931 Title: () Delete Title: () Change () Addition CODY, VINCENT Name: Name: 6665 ESTERO BLVD, # 223 Address: Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: (X) Change () Addition Title: SD () Delete Title: SD DONNELLY, CATHERINE Name: Name: HORVATH, SHARON Address: 6655 ESTERO BLVD., #214 Address: 6645 ESTERO BLVD #106 City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: FORT MYERS BEACH, FL 33931 Title: () Delete Title: VD (X) Change () Addition PARKER, BRUCE TRIDER, GLENN Name: Name: 6665 ESTERO BLVD #224 6655 ESTERO BLVD #112 Address: Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip: FORT MYERS BEACH, FL 33931

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: SHARON HORVATH S/D 04/09/2009