


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 749229 1. Entity Name FAIRVIEW CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1100 BEACH ROAD RIVIERA BEACH, FL 33404	Mailing Address P O BOX 9491 RIVIERA BEACH, FL 33419
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0215074	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEWART, JAMES M ESQ 1211 THE PLAZA SINGER ISLAND, FL 33404	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITTMAN, DORIS 34 MONMOUTH PLACE LONGBRANCH, NJ 07740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALEXANDRE, SALLY 109 MAIN STREET OGUNQUIT, MN 039070334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDRE, ROBERT 109 MAIN STREET OGUNQUIT, MN 039070334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADT DANCULOVICH, ROBERT 1100 BEACH ROAD #4 RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/05-80009-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert Danculovich  1/11/05 561-844-5496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #