2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 749229

1. Entity Name
FAIRVIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1100 BEACH ROAD RIVIERA BEACH, FL 33404	P O BOX 9491 RIVIERA BEACH, FL 33419

01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0215074
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, JAMES M ESQ
1211 THE PLAZA
SINGER ISLAND, FL 33404

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000779853
01/11/08-80054-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RITTMAN, DORIS
STREET ADDRESS	34 MONMOUTH PLACE
CITY-ST-ZIP	LONGBRANCH, NJ 07740
TITLE	VPD
NAME	ALEXANDRE, SALLY
STREET ADDRESS	109 MAIN STREET
CITY-ST-ZIP	OGUNQUIT, MN 039070334
TITLE	D
NAME	ALEXANDRE, ROBERT
STREET ADDRESS	109 MAIN STREET
CITY-ST-ZIP	OGUNQUIT, MN 039070334
TITLE	ADT
NAME	DANCULOVICH, ROBERT
STREET ADDRESS	1100 BEACH ROAD #4
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1-9-08 561 844 5496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #