

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749890

FILED
Feb 17, 2006
Secretary of State

Entity Name: FAIRLANE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8041 BLIND PASS RD
ST. PETE. BCH, FL 33706

New Principal Place of Business:

Current Mailing Address:

8041 BLIND PASS RD
ST. PETE. BCH, FL 33706

New Mailing Address:

FEI Number: 59-1950486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOP, JUDY A
8041 BLIND PASS RD
ST. PETERSBURG, FL 33706 US

Name and Address of New Registered Agent:

RESOP, JUDITH A
8041 BLIND PASS RD
ST. PETERSBURG, FL 33706 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: JUDITH A RESOP

02/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOODS, JEROME
Address: 129 104TH AVENUE #202
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: D () Delete
Name: SCHREFFLER, CHARLES
Address: 27 EAST PARK AVENUE
City-St-Zip: WILLIAMSTOWN, NJ 08094

Title: STD () Delete
Name: DAY, JOANNE
Address: 129 104TH AVE. #103
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VPD () Delete
Name: GRAZIANI, NICHOLAS
Address: 129-104TH AVE
City-St-Zip: TREASURE ISLAND, FL

Title: D () Delete
Name: POLLOCK, ELMER
Address: 113 HOLLYHOCK DRIVE
City-St-Zip: LAFAYETTE HILL, PA 19444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: DAY, JOANNE
Address: 129 104TH AVE. #104
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VPD (X) Change () Addition
Name: GRAZIANI, NICHOLAS
Address: 129-104TH AVE #203
City-St-Zip: TREASURE ISLAND, FL

Title: D (X) Change () Addition
Name: PAULSON, LAVONNE
Address: 129 104TH AVENUE #107
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDITH A RESOP

PM

02/17/2006

Electronic Signature of Signing Officer or Director

Date