

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752574

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: FAIROAKS SOUTH, INC.

## Current Principal Place of Business:

3809 N OAK DR  
TAMPA, FL 33611

## New Principal Place of Business:

## Current Mailing Address:

3809 N OAK DR  
TAMPA, FL 33611

## New Mailing Address:

FEI Number: 59-2131324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TENEBLATT, HARVEY  
4511 S. OAK DR R-32A  
TAMPA, FL 33611 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: D ( ) Delete  
Name: GRAY, KIMBERLY  
Address: 3806 N. OAK DR. V91  
City-St-Zip: TAMPA, FL 33611

Title: PD ( ) Delete  
Name: ROBERTS, VINCENT  
Address: 4573 OAK DR Q-32B  
City-St-Zip: TAMPA, FL 33611

Title: T ( ) Delete  
Name: TENENBLATT, HARVEY,  
Address: 4513 S OAK DR R-32A  
City-St-Zip: TAMPA, FL 00000,

Title: D ( ) Delete  
Name: TRITT, DONNA  
Address: 3814 NORTH OAK DRIVE SUITE L-52  
City-St-Zip: TAMPA, FL 33611

Title: SD ( ) Delete  
Name: SABIN, MARTHA  
Address: 4509 S OAK DR O-61  
City-St-Zip: TAMPA, FL 33611

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition  
Name: SHEEDY, ROBERT  
Address: 3812 NORTH OAK DRIVE SUITE M61  
City-St-Zip: TAMPA, FL 33611

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 A. ROBERTS

DP

01/15/2009

Electronic Signature of Signing Officer or Director

Date