2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED MANE

changed, or on an attachment

SIGNATURE: _

Mar 13, 2006 8:00 am Secretary of State **DOCUMENT #754247** 03-13-2006 90092 027 ****61.25 FARMINGTON VISTAS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 899 WOODBRIDGE DR 899 WOODBRIDGE DR VENICE, FL 34293 VENICE, FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062006 Chq-NP CR2E037 (11/05) 4. FEI Number 59-2169103 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOUGLASS, JESSICA Street Address (P.O. Box Number is Not Acceptable) ADVANCED MANAGEMENT INC. 899 WOODBRIDGE DR. VENICE, FL 34293 Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. STD PD Addition TITLE ☐ Delete TITLE ☐ Change DON KAMMERER 899 WOOD Brace on SULLIVAN, HUBERT NAME NAME STREET ADDRESS STREET ADDRESS 899 WOODBRIDGE DRIVE VENICE, FL 34293 CITY-ST-ZIP CITY-ST-7IP Venice fl 34293 VPD Addition Delete TITLE VPD ☐ Change TITLE WILLIAM MCRABB BAA WOODBRIDGE DR. GREER, EDITH NAME NAME STREET ADDRESS 899 WOODBRIDGE DRIVE STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP VENICE, FL 34293 FC 34293 venice Delete PD TITLE TITLE □ Change Addition LESLIE, LEROY NAME NAME DAVID BORDUS 899 WOODBRIDGE DR. 899 WOODBRIDGE DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VENICE, FL 34293 ☐ Delete Change SD Addition TITLE TITLE REUTENWAL, SUE NAME NAME 899 WOODBRIDGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 CITY-ST-ZIP **D** Delete □ Change ☐ Addition TITLE TITLE KAMMENER, DON MARKE 899 WOODBRIDGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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

FILED

Daytime Phone #