


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 760157 1. Entity Name FAIRCLOTH ESTATES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1802 NORTH MORGAN STREET TAMPA, FL 33602	Mailing Address 1802 NORTH MORGAN STREET TAMPA, FL 33602
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03292006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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 SCHONBRUN, HARVEY 1802 NORTH MORGAN STREET TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALKA, BRIAN 15935 NOTTINGHILL DR LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAPLINGER, TIMOTHY 15936 NOTTINGHILL DR LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POSTLETHWEIGHT, DEBBIE 15912 DOVER CUFFE DR LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEVITA, JEANNE 15914 NOTTINGHILL DR LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000538118
05/09/06-80044-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Debbie Postlethweight 4/16/06 813 387 0878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #