

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90182 001 ****61.25

07-16-2007 90182 002 *****8.75

DOCUMENT # 760157

1. Entity Name
**FAIRCLOTH ESTATES HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**1802 NORTH MORGAN STREET
TAMPA, FL 33602**

Mailing Address
**1802 NORTH MORGAN STREET
TAMPA, FL 33602**

66020418



06202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHONBRUN, HARVEY
1802 NORTH MORGAN STREET
TAMPA, FL 33602**

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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 September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CALKA, BRIAN
STREET ADDRESS	15935 NOTTINGHILL DR
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	VD
NAME	CAPLINGER, TIMOTHY
STREET ADDRESS	15936 NOTTINGHILL DR
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	TD
NAME	POSTLETHWEIGHT, DEBBIE
STREET ADDRESS	15912 DOVER CUFFE DR
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	S
NAME	DEVITA, JEANNE <i>Calvert, Sharon</i>
STREET ADDRESS	15914 NOTTINGHILL DR <i>305 Cullen Court</i>
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 an officer like empowered.

SIGNATURE: *Debbie Postlethweight* *6/22/07* *813 541 2265*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #