


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90008 014 \*\*\*150.00

<b>DOCUMENT # M85821</b> 1. Entity Name <b>FAIRHAVEN RESIDENTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5757 66 ST N. LOT 13 ST. PETERSBURG FL 33709 US</b>			Mailing Address <b>5757 66 ST N. LOT 13 ST. PETERSBURG FL 33709 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2899250</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>GVERIN, LINDA 5757 66TH STREET NORTH LOT 13 SAINT PETERSBURG FL 33709</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when not stating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SLACK, ED</b> <b>5757 66TH STREET NORTH LOT 190</b> <b>SAINT PETERSBURG FL 33709</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRD</b> <b>GVERIN, LINDA</b> <b>5757 66TH STREET NORTH LOT 211</b> <b>SAINT PETERSBURG FL 33709</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRD</b> <b>GVERIN LINDA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CLAPP, KATHY A</b> <b>5757 66TH STREET NORTH LOT 154</b> <b>SAINT PETERSBURG FL 33709</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCVANE, MARYLOU</b> <b>5757 66TH STREET NORTH LOT 214</b> <b>SAINT PETERSBURG FL 33709</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PALMER, LORRAINE</b> <b>5757 66TH STREET NORTH LOT 101</b> <b>SAINT PETERSBURG FL 33709</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SMITH, KATHY</b> <b>5757 66TH ST. N. LOT 138</b> <b>ST. PETERSBURG FL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on any attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Linda Gverin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					