

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000363

FILED
Feb 19, 2009
Secretary of State

Entity Name: FAIRFAX VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

902 CLINT MOORE RD
SUITE 110
BOCA RATON, FL 33487

New Principal Place of Business:

% A&N MANAGEMENT
902 CLINT MOORE RD, SUITE #110
BOCA RATON, FL 33487

Current Mailing Address:

902 CLINT MOORE RD
SUITE 110
BOCA RATON, FL 33487

New Mailing Address:

% A&N MANAGEMENT
902 CLINT MOORE RD, SUITE #110
BOCA RATON, FL 33487

FEI Number: 65-1045126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAPNICK COMMUNITY ASSOCIATION LAW, P.A.
100 EAST LINTON BLVD.
SUITE 102-B
DELRAY BEACH, FL 33483 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: P () Delete
Name: FORD, ERIC
Address: 2014 RESTON CIR
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: S () Delete
Name: HOLMSTOCK, BERNARD
Address: 2013 RESTON CIR
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: POTTINGER, SUSAN
Address: 2011 RESTON CIR
City-St-Zip: ROYAL PALM BCH, FL 33411

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: ERIC FORD

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

Date