



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90558 023 \*\*\*\*61.25

<b>DOCUMENT # N01000005624</b> 1. Entity Name FAIRHAVEN NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 5300 SW 91ST TERR. GAINESVILLE, FL 32608				Mailing Address 5300 SW 91ST TERR. GAINESVILLE, FL 32608	
2. Principal Place of Business <b>5341 SW 91st Terrace</b>		3. Mailing Address <b>5341 SW 91st Terrace</b>		  02072005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc. <b>Suite A</b>		Suite, Apt. #, etc. <b>Suite A</b>			
City & State <b>Gainesville, FL</b>		City & State <b>Gainesville, FL</b>			
Zip <b>32608</b>		Zip <b>32608</b>			
Country <b>Alachua</b>		Country <b>Alachua</b>		4. FEI Number <b>20-0051503</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>MEDINA, RICK</b> <b>5341 SW 91ST TERR.</b> <b>GAINESVILLE, FL 32608</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROWE, ROBERT R 5300 SW 91ST TERR. GAINESVILLE, FL 32608			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROWE, JENNIFER J 5300 SW 91ST TERR. GAINESVILLE, FL 32608			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROWE, ROBERT B 5300 SW 91ST TERR. GAINESVILLE, FL 32608			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Robert R Rowe, Dir</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>4.27.05</u> 352.335.7846	