

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005624

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** FAIRHAVEN NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 20-0051503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONNER, SARAH AGENT  
5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

MANAGEMENT SPECIALISTS SERVICES  
5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608 US

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: SARAH CONNER, AGENT

04/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FORD, SHARMILA  
Address: 8810 SW 31ST AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: S  
Name: SNODGRASS, NATALIE  
Address: 8719 SW 31ST AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: T  
Name: MEYER, SHELLEY  
Address: 8722 SW 31ST AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

I hereby 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 all other like empowered.

SIGNATURE: SHARMILA FORD

PD

04/29/2010

Electronic Signature of Signing Officer or Director

Date