

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90013 038 \*\*\*\*61.25

<b>DOCUMENT # N01301</b>					
<b>1. Entity Name</b> FAIRVIEW AT PEMBROKE POINTE CONDOMINIUMS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2035 HARDING STREET SUITE #200 HOLLYWOOD, FL 33020			<b>Mailing Address</b> 2035 HARDING STREET SUITE #200 HOLLYWOOD, FL 33020		
<b>2. Principal Place of Business - No P.O. Box #</b> 10112 USA TODAY WAY		<b>3. Mailing Address</b> 10112 USA TODAY WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> MIRAMAR, FLORIDA		<b>City &amp; State</b> MIRAMAR, FLORIDA		<b>4. FEI Number</b> 59-2513159	
<b>Zip</b> 33025		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MEYROWITZ, ANDREW 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020			<b>7. Name and Address of New Registered Agent</b> Name: BARBARA HERNDON, PRESIDENT Street Address (P.O. Box Number is Not Acceptable): ASSOCIATION SERVICES OF FLORIDA 10112 USA TODAY WAY City: MIRAMAR FL Zip Code: 33025		
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE</b>   <small>Signature typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> <b>DATE</b>                  2/15/08             </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VPD <b>NAME</b> DOMINGUEZ, THELMA <b>STREET ADDRESS</b> 10373 NW 11TH STREET <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete		<b>TITLE</b> Sec - TREAS <b>NAME</b> TOM, MELISSA <b>STREET ADDRESS</b> 10357 NW 11 ST <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> HARELSON, MELISSA <b>STREET ADDRESS</b> 10357 NW 11TH STREET <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> T <b>NAME</b> CARUSO, STEVE <b>STREET ADDRESS</b> 10437 N.W. 11TH STREET <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> PD <b>NAME</b> SALICCO, WILLIAM <b>STREET ADDRESS</b> 10477 NW 11 ST. <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D <b>NAME</b> CARNEY, EMMETT <b>STREET ADDRESS</b> 932 N.W. 106 TERRACE <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 all other like empowered.</b>					
<b>SIGNATURE:</b>			<b>DATE</b> 2/15/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		