

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01301

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** FAIRVIEW AT PEMBROKE POINTE CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

10112 USA TODAY WAY  
HOLLYWOOD, FL 33025

**New Principal Place of Business:**

1495 NORTH PARK DRIVE  
WESTON, FL 33326

**Current Mailing Address:**

10112 USA TODAY WAY  
HOLLYWOOD, FL 33025

**New Mailing Address:**

1495 NORTH PARK DRIVE  
WESTON, FL 33326

FEI Number: 59-2513159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERNDON, BARBARA P  
ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
HOLLYWOOD, FL 33025 US

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

EISINGER, DENNIS J.  
4000 HOLLYWOOD BOULEVARD  
SUITE 265-S  
HOLLYWOOD, FL 33021 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: DENNIS EISINGER

03/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: DOMINGUEZ, THELMA  
Address: 10373 NW 11TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: PD ( ) Delete  
Name: SALICCO, WILLIAM  
Address: 10477 NW 11 ST.  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: ST ( ) Delete  
Name: TOM, MELISSA  
Address: 10357 NW 11 ST  
City-St-Zip: PEMBROKE PINES, FL 33026

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: BILL SALICCO

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

Date