

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 24, 2010**  
**Secretary of State**

DOCUMENT# N01301

**Entity Name:** FAIRVIEW AT PEMBROKE POINTE CONDOMINIUMS ASSOCIATION, INC.**Current Principal Place of Business:**2075 N. POWERLINE RD.  
6  
POMPANO BEACH, FL 33069**New Principal Place of Business:**10500 N.W. 11TH STREET  
PEMBROKE PINES, FL 33026**Current Mailing Address:**2075 N. POWERLINE RD.  
SUITE 6  
POMPANO BEACH, FL 33069**New Mailing Address:**10500 N.W. 11TH STREET  
PEMBROKE PINES, FL 33026**FEI Number:** 59-2513159**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**AMOR, ORLY  
2075 N. POWERLINE RD.  
SUITE 6  
POMPANO BEACH, FL 33069 US**Name and Address of New Registered Agent:**STRALEY & OTTO, P.A.  
2699 STIRLING ROAD  
C-207  
FORT LAUDERDALE, FL 33312 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: CHARLES F. OTTO, ESQ.

06/24/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: DOMINGUEZ, THELMA  
Address: 10373 NW 11TH STREET #101  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: PD  
Name: SALICCO, WILLIAM  
Address: 10477 NW 11 ST. #203  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: STD  
Name: TORI, MELISSA  
Address: 10357 NW 11 ST #103  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D  
Name: LAIMO, ELIZABETH  
Address: 10500 NW 10TH STREET #106  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D  
Name: WILCOX, MARY LOU  
Address: 1017 NW 106 TERR #105  
City-St-Zip: PEMBROKE PINES, FL 33026

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: WILLIAM SALICCO

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06/24/2010

Electronic Signature of Signing Officer or Director

Date