


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000010620</b> 1. Entity Name <b>FAIRBANKS BUILDING CONDOMINIUM, INC.</b>	
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Principal Place of Business <b>2721 W. FAIRBANKS AVENUE SUITE 100 WINTER PARK, FL 32789</b>	Mailing Address <b>2721 W. FAIRBANKS AVENUE SUITE 100 WINTER PARK, FL 32789</b>
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**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>51-6063894</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SMATHERS, RAMSEY ESQ.  
2721 W. FAIRBANKS AVENUE  
SUITE 100  
WINTER PARK, FL 32789**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMATHERS, RAMSEY 2721 W. FAIRBANKS AVENUE, STE. 100 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARSZCZ, MICHAEL 2721 W. FAIRBANKS AVENUE, STE. 200 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMATHERS, SUSAN 2721 W. FAIRBANKS AVENUE, STE. 100 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000932081  
05/22/08-80095-022 61.25

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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.

SIGNATURE: *Ramsey Smathers* **Ramsey Smathers** 428-08 (467) 4782225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date