2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012819

FILED Mar 29, 2007 Secretary of State

Entity Name: FAIRFIELD TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202

Current Mailing Address: New Mailing Address:

8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202

FEI Number: 20-8452891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BLALOCK, WALTERS, HELD & JOHNSON, P.A. 802 11TH STREET WEST BRADENTON, FL 34205

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BYRNES, KAREN REESE, CHRISTOPHER Name: Name: 8210 LAKEWOOD RANCH BLVD. Address: 8210 LAKEWOOD RANCH BLVD. Address:

BRADENTON, FL 34202 BRADENTON, FL 34202

City-St-Zip: City-St-Zip:

Title: VPTD () Delete Title: (X) Change () Addition Name: SCHIER, JAMES R Name: GALEA, SHERYL

Address: 8210 LAKEWOOD RANCH BLVD. Address: 8210 LAKEWOOD RANCH BLVD.

City-St-Zip: BRADENTON, FL 34202 City-St-Zip: BRADENTON, FL 34202

Title: DS () Delete Title: (X) Change () Addition

HEIM, PRISCILLA Name: VIMPENY, RAVONNA Name:

8210 LAKEWOOD RANCH BLVD. 8210 LAKEWOOD RANCH BLVD. Address: Address: City-St-Zip: BRADENTON, FL 34202 City-St-Zip: BRADENTON, FL 34202

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER REESE DPT 03/29/2007