

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90141 015 ****61.25

DOCUMENT # N07000002929					
Entity Name FAIRHAVEN RESIDENTS ASSOCIATION, INC.					
Principal Place of Business 5757 66 ST. N., LOT 209 ST. PETERSBURG, FL 33709			Mailing Address 5757 66 ST. N., LOT 209 ST. PETERSBURG, FL 33709		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <u>59-2899350</u>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CLEARY, JAMES J. 5757 66 ST. N., LOT 209 ST. PETERSBURG, FL 33709				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				DATE	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLAPP, KATHY 5757 66 ST. N., LOT 150 ST. PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Palmer, Lorraine 5757 66th St. N Lot 163 St. Petersburg, FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PALMER, LORRAINE 5757 66 ST. N., LOT 163 ST. PETERSBURG, FL 33709	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gaudette, Michael 5757 66 St. N. Lot 183 St. Petersburg, FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T O'CONNELL, JANET 5757 66 ST. N., LOT 158 ST. PETERSBURG, FL 33709	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	O'Connell, Janet 5757 66th St. N. Lot 158 St. Petersburg, FL 33709	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CLEARY, JAMES J. 5757 66 ST. N., LOT 209 ST. PETERSBURG, FL 33709	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Cleary, James 5757 66th St. N Lot 209 St. Petersburg, FL 33709	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASSISTANT TREASURER	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Durand, Joyce 5757 66th St. N Lot 207 St. Petersburg, FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>James J. Cleary</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>4/22/08</u>					
Daytime Phone #					