


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90049 026 ****61.25

DOCUMENT # N11449
1. Entity Name
FAIRBANKS COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**1001 N. RIVERSIDE DR.
POMPANO BCH. FL 33062** **1001 N. RIVERSIDE DR.
POMPANO BCH. FL 33062**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1807674 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FAIRBANKS COURT, INC.
1001 N. RIVERSIDE DR.
POMPANO BCH. FL 33062**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CLARK, JOSEPH	
STREET ADDRESS	1001 N. RIVERSIDE DR	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	GELINAS, PIERRE	
STREET ADDRESS	1001 N. RIVERSIDE DR.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PETERS, EUGENE	
STREET ADDRESS	1001 N. RIVERSIDE DR.	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCIS, JOYCE	
STREET ADDRESS	1001 N. RIVERSIDE DR.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	LEBLOND, LISE	
STREET ADDRESS	1001 N. RIVERSIDE DR	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LADYS SANTOSUSSO	
STREET ADDRESS	1001 N. RIVERSIDE DR.	
CITY-ST-ZIP	POMPANO BEACH, FLA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joseph P. Clark President 2/3/06*



1st MOORE CR2E037 (10/05)