

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11449

FILED
Apr 13, 2008
Secretary of State

Entity Name: FAIRBANKS COURT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1001 N. RIVERSIDE DR.
POMPANO BCH., FL 33062

New Principal Place of Business:

Current Mailing Address:

1001 N. RIVERSIDE DR.
POMPANO BCH., FL 33062

New Mailing Address:

FEI Number: 59-1807674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAIRBANKS COURT, INC.
1001 N. RIVERSIDE DR.
POMPANO BCH., FL 33062 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: CLARK, JOSEPH
Address: 1001 N. RIVERSIDE DR.
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: GELINAS, PIERRE
Address: 1001 N. RIVERSIDE DR.
City-St-Zip: POMPANO BEACH, FL 33062

Title: VT () Delete
Name: PETERS, EUGENE
Address: 1001 N. RIVERSIDE DR.
City-St-Zip: POMPANO BCH, FL 33062

Title: PS () Delete
Name: FRANCIS, JOYCE
Address: 1001 N. RIVERSIDE DR.
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: SANTOSUOSSO, GLADYS
Address: 1201 N RIVERSDIE DR
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FISHER, JEAN
Address: 1001 N. RIVERSIDE DR.
City-St-Zip: POMPANO BEACH, FL 33062

Title: T (X) Change () Addition
Name: PETERS, EUGENE
Address: 1001 N. RIVERSIDE DR.
City-St-Zip: POMPANO BCH, FL 33062

Title: S (X) Change () Addition
Name: FRANCIS, JOYCE
Address: 1001 N. RIVERSIDE DR.
City-St-Zip: POMPANO BEACH, FL 33062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMIE BLUM

PM

04/13/2008

Electronic Signature of Signing Officer or Director

_____ Date