

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15037

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FAIRMOUNT CINEMA SQUARE OWNERS ASSN., INC.

**Current Principal Place of Business:**

500 S FLORIDA AVE, SUITE 700  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 S FLORIDA AVE, SUITE 700  
LAKELAND, FL 33801 US

**New Mailing Address:**

**FEI Number:** 59-2779498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCFARLANE, PETER  
500 S FLORIDA AVE, SUITE 700  
LAKELAND, FL 33801 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  
**Name:** DROST, WILLIAM D  
**Address:** 500 S FLORIDA AVE, SUITE 700  
**City-St-Zip:** LAKELAND, FL 33801 US

**Title:** DST  
**Name:** FALK, BENJAMIN  
**Address:** 500 S FLORIDA AVE, SUITE 700  
**City-St-Zip:** LAKELAND, FL 33801 US

**Title:** ASAT  
**Name:** EBDROP, BRIDGET  
**Address:** 500 S FLORIDA AVE, SUITE 700  
**City-St-Zip:** LAKELAND, FL 33801 US

**Title:** ASAT  
**Name:** KELLEY, KIM  
**Address:** 500 S FLORIDA AVE, SUITE 700  
**City-St-Zip:** LAKELAND, FL 33801

I hereby 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 all other like empowered.

**SIGNATURE:** KIM S KELLEY

ASAT

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date