


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N16050</b> 1. Entry Name FAIRLANE PARK CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3505 B AVEENIDA MADERA BRADENTON, FL 34210	Mailing Address 3505 B AVEENIDA MADERA 4907 14TH STREET WEST BRADENTON, FL 34210
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**DO NOT WRITE IN THIS SPACE**



07132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2511632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  COOK, TOM D. 3505 B AVEENIDA MADERA BRADENTON, FL 34210	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

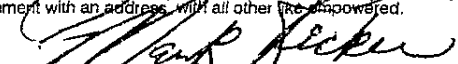
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICKER, MARK JACOB JR. 5608 37TH AVE E BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, TOM D. 3505 B AVEENIDA MADERA BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COOK, MILDRED A. 428 WHISPERING OAKS CT. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000373145  
07/18/05-80004-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **MARK RICKER** **7-13-05 (941) 755-3344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #