

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90032 048 \*\*\*\*61.25

|   |                         |  |  |  |  |
|---|-------------------------|--|--|--|--|
| <b>DOCUMENT # N18149</b>  |                         |  |  |   |  |
| 1. Entity Name<br>FAIRMONT VILLAGE PROPERTY OWNERS ASSOCIATION, INC.  |                         |  |  |  |  |
| Principal Place of Business<br>6220 W. CORPORATE OAKS DR<br>CRYSTAL RIVER, FL 34429-8723 US   |                         | Mailing Address<br>6220 W. CORPORATE OAKS DR<br>CRYSTAL RIVER, FL 34429-8723 US  |  |  |  |
| 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<br>59-2746227 <input type="checkbox"/> Applied For<br>Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                         |  | 01062006 Chg-NP CR2E037 (11/05)<br><b>\$8.75</b> Additional Fee Required |  |  |
| 6. Name and Address of Current Registered Agent   |                         |  | 7. Name and Address of New Registered Agent                              |  |  |
| SCHLUMBERGER, ROBERT<br>6220 W CORPORATE OAKS DR<br>CRYSTAL RIVER, FL 34429   |                         |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                         |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>   |                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees   |  |
|   |                         |  |  | <b>Make check payable to Florida Department of State</b>                           |  |
| 10. OFFICERS AND DIRECTORS  |                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                    |  |  |
| TITLE   | TD                      | <input checked="" type="checkbox"/> Delete                                       | TITLE  | SD   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | WATSON, STANLEY         |  | NAME   | BARD, MILLICENT  |  |
| STREET ADDRESS  | 1528 N FOXBORO LP       |  | STREET ADDRESS   | 1567 N FOXBORO LP  |  |
| CITY-ST-ZIP   | CRYSTAL RIVER, FL 34429 |  | CITY-ST-ZIP  | CRYSTAL RIVER FL 34429   |  |
| TITLE   | SD                      | <input checked="" type="checkbox"/> Delete                                       | TITLE  | TD   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | KEMSKI, JOAN            |  | NAME   | DUNHAM, DAVID  |  |
| STREET ADDRESS  | 1672 N FOXBORO LP       |  | STREET ADDRESS   | 6143 W EDMOOR CT   |  |
| CITY-ST-ZIP   | CRYSTAL RIVER, FL 34429 |  | CITY-ST-ZIP  | CRYSTAL RIVER FL 34429   |  |
| TITLE   | VPD                     | <input checked="" type="checkbox"/> Delete                                       | TITLE  | VPD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | LARSON, THOMAS          |  | NAME   | MELLETT, MARILYN   |  |
| STREET ADDRESS  | 1482 N ENDICOTT PT      |  | STREET ADDRESS   | 1515 N FOXBORO LP  |  |
| CITY-ST-ZIP   | CRYSTAL RIVER, FL 34429 |  | CITY-ST-ZIP  | CRYSTAL RIVER FL 34429   |  |
| TITLE   | D                       | <input type="checkbox"/> Delete  | TITLE  | PD   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | MACNELL, BARBARA        |  | NAME   | HOFFMAN, CHARLES   |  |
| STREET ADDRESS  | 6142 W EDMOOR CT        |  | STREET ADDRESS   | 1645 N FOXBORO LP  |  |
| CITY-ST-ZIP   | CRYSTAL RIVER, FL 34429 |  | CITY-ST-ZIP  | CRYSTAL RIVER FL 34429   |  |
| TITLE   | PD                      | <input checked="" type="checkbox"/> Delete                                       | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | FOODY, (JACK) JOHN      |  | NAME   |  |  |
| STREET ADDRESS  | 1591 N FOXBORO LP       |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | CRYSTAL RIVER, FL 34429 |  | CITY-ST-ZIP  |  |  |
| TITLE   |                         | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                         |  | NAME   |  |  |
| STREET ADDRESS  |                         |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                         |  | CITY-ST-ZIP  |  |  |
| 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: <i>David Schlumberger</i>  |                         | Date: 01/06/06   |  | Daytime Phone #: 352-795-3691  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                         |  |  |  |  |

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