


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N18149 1. Entity Name FAIRMONT VILLAGE PROPERTY OWNERS ASSOCIATION, INC.																																																											
Principal Place of Business 6220 W. CORPORATE OAKS DR CRYSTAL RIVER, FL 34429-8723 US			Mailing Address 6220 W. CORPORATE OAKS DR 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																																																							
6. Name and Address of Current Registered Agent SCHLUMBERGER, ROBERT 6220 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>																																																											
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																							
		Make check payable to Florida Department of State																																																									
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>TD WATSON, STANLEY 1528 N FOXBORO LP CRYSTAL RIVER, FL 34429</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>SD KEMSKI, JOAN 1672 N FOXBORO LP CRYSTAL RIVER, FL 34429</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>VPD LARSON, THOMAS 1482 N ENDICOTT PT CRYSTAL RIVER, FL 34429</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>D MACNELL, BARBARA 6142 W EDMEMOOR CT CRYSTAL RIVER, FL 34429</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td>PD FOODY, (JACK) JOHN 1591 N FOXBORO LP CRYSTAL RIVER, FL 34429</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>SD BARDON, MILLICENT 1567 N FOXBORO LP CRYSTAL RIVER FL 34429</td> <td style="text-align: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>TD DUNHAM, DAVID 6143 W EDMEMOOR CT CRYSTAL RIVER FL 34429</td> <td style="text-align: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>VPD MELLET MARILYN 1515 N FOXBORO LP CRYSTAL RIVER FL 34429</td> <td style="text-align: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>PD HOFFMAN, CHARLES 1645 N FOXBORO LP CRYSTAL RIVER FL 34429</td> <td style="text-align: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	STREET ADDRESS		CITY-ST-ZIP				TD WATSON, STANLEY 1528 N FOXBORO LP CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/>		SD KEMSKI, JOAN 1672 N FOXBORO LP CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/>		VPD LARSON, THOMAS 1482 N ENDICOTT PT CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/>		D MACNELL, BARBARA 6142 W EDMEMOOR CT CRYSTAL RIVER, FL 34429	<input type="checkbox"/>		PD FOODY, (JACK) JOHN 1591 N FOXBORO LP CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/>			<input type="checkbox"/>	TITLE	NAME	Change Addition	NAME	STREET ADDRESS		CITY-ST-ZIP				SD BARDON, MILLICENT 1567 N FOXBORO LP CRYSTAL RIVER FL 34429	<input type="checkbox"/> <input checked="" type="checkbox"/>		TD DUNHAM, DAVID 6143 W EDMEMOOR CT CRYSTAL RIVER FL 34429	<input type="checkbox"/> <input checked="" type="checkbox"/>		VPD MELLET MARILYN 1515 N FOXBORO LP CRYSTAL RIVER FL 34429	<input type="checkbox"/> <input checked="" type="checkbox"/>		PD HOFFMAN, CHARLES 1645 N FOXBORO LP CRYSTAL RIVER FL 34429	<input type="checkbox"/> <input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
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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: <u>David Dunham</u> 01/06/06 352-795-3691 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																											