
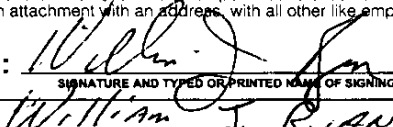


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90060 013 \*\*\*\*61.25

<b>DOCUMENT # N18149</b> 1. Entity Name <b>FAIRMONT VILLAGE PROPERTY OWNERS ASSOCIATION, INC.</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01082008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2746227</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SCHLUMBERGER, ROBERT</b> <b>6220 W CORPORATE OAKS DR</b> <b>CRYSTAL RIVER, FL 34429</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</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 type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNHAM, DAVID		NAME	RYAN, WILLIAM J.	
STREET ADDRESS	6143 EDMOUR CT		STREET ADDRESS	1638 N. FOXBORO LP	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, ROBERT		NAME	HIGGS, EECIL A.	
STREET ADDRESS	1696 N FOXBORO LP		STREET ADDRESS	1609 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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, CHARLES		NAME	VUMIR, HAZEL K.	
STREET ADDRESS	1645 N FOXBORO LP		STREET ADDRESS	1498 N. ENDICOTT PT.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIGGETT, EMMA J		NAME	KENNEDY, SIDNEY H.	
STREET ADDRESS	1602 N FOXBORO LP		STREET ADDRESS	1535 N. ENDICOTT PT.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
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		
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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> William J. Ryan			1/9/08    352-795-3691 <small>Date    Daytime Phone #</small>		

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