

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19662

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Entity Name:** FAIRCREST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5100 BURCHETTE ROAD  
SUITE 1704  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

5100 BURCHETTE ROAD  
SUITE 1704  
TAMPA, FL 33647 US

**New Mailing Address:**

**FEI Number:** 65-0059055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GEE, TORI  
5100 BURCHETTE ROAD  
SUITE 1704  
TAMPA, FL 33647 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: PRE  
Name: GEE, TORI  
Address: 5100 BURCHETTE ROAD, SUITE 1704  
City-St-Zip: TAMPA, FL 33647

Title: VP  
Name: HOWARD, BILL  
Address: 5100 BURCHETTE ROAD, SUITE 1704  
City-St-Zip: TAMPA, FL 33647

Title: SEC  
Name: CONNOR, WILLIAM  
Address: 5100 BURCHETTE ROAD, SUITE 1704  
City-St-Zip: TAMPA, FL 33647

Title: TRE  
Name: POGYOR, LOIS  
Address: 5100 BURCHETTE ROAD, SUITE 1704  
City-St-Zip: TAMPA, FL 33647

Title: DIR  
Name: RAABE, THOR  
Address: 5100 BURCHETTE ROAD, SUITE 1704  
City-St-Zip: TAMPA, FL 33647

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: TORI GEE

PRE

03/25/2011

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

\_\_\_\_\_  
Date