2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24463

Entity Name: FAIRFIELD'S BAY HILL COVE, INC.

FILED Jul 09, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9889-1 SAN JOSE BLVD 4003 HARTLEY ROAD

JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32257 US

Current Mailing Address: New Mailing Address:

9889-1 SAN JOSE BLVD 4003 HARTLEY ROAD

JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32257 US

FEI Number: 59-2965061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CANTRELL, NOREEN % SIGNATÚRE REALTY & MGMT., INC.

% SIGNATÚRE REALTY & MGMT., INC. 9889-1 SAN JOSE BLVD 4003 HARTLEY ROAD JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32257 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

CANTRELL, NOREEN

in the State of Florida.

SIGNATURE: NOREEN CANTRELL 07/09/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

OHMER, MERLIN. Name: Name: Address: 101 BAY HILL COVE Address:

City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

Name: FRISBY, JOHN S., Name: Address: 103 BAY HILL COVE Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip:

Title: () Delete Title: () Change () Addition

RADCLIFFE, JAMES Name: Name: 105 BAY HILL COVE Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN FRISBY PD 07/09/2004