


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90014 044 ****61.25

DOCUMENT # N36011 1. Entity Name FAIRFIELD HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 5157 FAIRFIELD DRIVE LAKELAND FL 33811 US	Mailing Address 5157 FAIRFIELD DRIVE LAKELAND FL 33811 US
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2. Principal Place of Business - No P.O. Box # 5139 Fairfield Drive Suite, Apt. #, etc.	3. Mailing Address 5139 Fairfield Drive Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State Lakeland FL	City & State Lakeland FL
Zip 33811	Zip 33811
Country US	Country US

4. FEI Number 59-3126003	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLANDT, CHARLES C 5157 FAIRFIELD DRIVE LAKELAND FL 33811
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7. Name and Address of New Registered Agent Name Richard L Butler Street Address (P.O. Box Number is Not Acceptable) 5154 Fairfield Drive City Lakeland FL Zip Code 33811

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 *Richard L. Butler* **2-19-08**
Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUTLER, RICHARD L 5154 FAIRFIELD DR. LAKELAND FL 33811-2663 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLANDT, CHARLES G 5157 FAIRFIELD DRIVE LAKELAND FL 33811 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GLANDT, LINDA 5157 FAIRFIELD DRIVE LAKELAND FL 33811 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Richard L Butler 5154 Fairfield Drive Lakeland FL 33811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Debbie Sanders 5139 Fairfield Drive Lakeland FL 33811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Larry Deaton 5139 Fairfield Drive Lakeland FL 33811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Richard L. Butler* **2-19-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #