

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90081 028 ****70.00

DOCUMENT # N47091

1. Entity Name
FAIRBANKS NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1111 N RIVERSIDE DR.
APT. 402
POMPANO BCH., FL 33062 US**

Mailing Address
**1111 N RIVERSIDE DR.
APT. 402
POMPANO BCH., FL 33062 US**

40014845



2. Principal Place of Business
1111 N RIVERSIDE DR

3. Mailing Address
SAME

Suite, Apt. #, etc.
402

Suite, Apt. #, etc.

01202005 Chg-NP CR2E037 (10/03)

City & State
POMPANO BEACH, FL

City & State

4. FEI Number
59-1205196

Applied For
Not Applicable

Zip Country
33062 FLORIDA

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DOBBINS, JR., WILLIAM J
1111 N RIVERSIDE DR.
APT. 402
POMPANO BCH., FL 33062**

7. Name and Address of New Registered Agent

Name
WILLIAM J. DOBBINS, JR.
Street Address (P.O. Box Number is Not Acceptable)
1111 N. RIVERSIDE DR
402
City
POMPANO BEACH, FL Zip Code
33062

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P DOBBINS, JR., WILLIAM J
1111 N RIVERSIDE DR., 402
POMPANO BCH., FL 33062** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP MILITO, JOHN I
1111 N RIVERSIDE DR APT-207
POMPANO BEACH, FL 33062** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T FORSYTH, STEWART
1111 N RIVERSIDE DR APT 202
POMPANO BEACH, FL 33062** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S SCHEIDEL, CAROLANNE
1111-NO. RIVERSIDE DR., #403
POMPANO BEACH, FL 33062** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS RAPP, JACQUILINE B
1111 N RIVERSIDE DR APT 307
POMPANO BEACH, FL 33062** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT FRANCIS W. MADICAN JR.
1111 N. RIVERSIDE DR 305
POMPANO BEACH, FL 33062** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER JONAN ANTELL
1111 N. RIVERSIDE DR 208
POMPANO BEACH FL 33062** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY ANN SMURDOCK
1111 N. RIVERSIDE DR
POMPANO BEACH, FL 33062** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/05 954-785-3590