2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N47091

Entity Name: FAIRBANKS NORTH CONDOMINUM ASSOCIATION, INC.

Current Principal Place of Business:

1111 N RIVERSIDE DR.
APT. 405
POMPANO BCH., FL 33062 US

New Principal Place of Business:

Current Mailing Address:

1111 N RIVERSIDE DR.
APT. 401
POMPANO BCH., FL 33062 US

New Mailing Address:

FEI Number: 59-1205196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROSCIA, JOE
1111 N RIVERSIDE DR.
APT. 405
POMPANO BCH., FL 33062 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:	P	( ) Delete
Name:	PROSCIA, JOE	
Address:	1111 N RIVERSIDE DR., 405	
City-St-Zip:	POMPANO BCH., FL 33062 US	
Title:	VP	( ) Delete
Name:	MILITO, JOHN	
Address:	1111 N RIVERSIDE DR	
City-St-Zip:	POMPANO BEACH, FL 33062	
Title:	ST	( ) Delete
Name:	MURDOCK, ANN	
Address:	1111 N RIVERSIDE DR 204	
City-St-Zip:	POMPANO BEACH, FL 33062	
Title:	D	( ) Delete
Name:	WORTEL, KATHY	
Address:	1111 N RIVERSIDE DR	
City-St-Zip:	POMPANO BEACH, FL 33062	
Title:	D	( ) Delete
Name:	FOX, HOWARD	
Address:	1111 N RIVERSIDE DR	
City-St-Zip:	POMPANO BEACH, FL 33062	
Title:	D	( ) Delete
Name:	FORSYTH, STEWART	
Address:	1111 N RIVERSIDE DR	
City-St-Zip:	POMPANO BEACH, FL 33062	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TERRY MCGREGOR MR 04/06/2009
Electronic Signature of Signing Officer or Director — Date