2005 NOT-FOR-PROFIT CORPORATION

Secretary of State ANNUAL REPORT 02-21-2005 90053 019 ****61.25 DOCUMENT # N92000000888 FAIRMONT PROPERTY OWNERS ASSOCIATION, INC. 90020202 Principal Place of Business Mailing Address C/O GRS MANAGEMENT ASSOCIATES, INC C/O GRS MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD STE 201 3900 WOODLAKE BLVD STE 201 LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. B.R.S. MANAGEMENT ASSOCIATES, INC. Suite, Apt. #, etc 01052005 CR2E037 (10/03) Chg-NP **d.R.S. MANAGEMENT ASSOCIATES, INC.** 3900 WGQDLAKE BLVD. SUITE 309 3900 WOODLAKE BLVD. SUITE 309 Applied For 4. FEI Numbe 65-0439975 LAKE WORTH, FL 33463 Not Applicable LAKE WORTH, FL 33463 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEIDLER-LADWIG, PATTI -- - --Street Address (P.O. Box Number is Not Acceptable) 12765 W FOREST HILL BLVD **SUITE 1312** WELLINGTON, FL 33414 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DS TITLE ☐ Delete TITLE FREIGENBERG, DAVID NAME NAME 10885 FAIRMONT VILL DR. STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP TD Delete TITLE TITLE ☐ Change ☐ Addition LEVINE, ELAINE NAME NAME 10795 FAIRMONT VILL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE WORTH, FL 33467 Change ☐ Addition TITLE ☐ Defete TITLE KAHN, WILLIAM NAME 10830 FAIRMONT VILLAGE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE KLADKO, MARTIN NAME NAME 10686 FAIRMONT VILL DRIVE STREET ADDRESS STREET ADDRESS LAKE WORHT, FL 33467 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete FREEDMAN, BARRY NAME STREET ADDRESS 10668 FAIRMONT VILLAGE DR. STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP

FILED Feb 21, 2005 8:00 am

☐ 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

TITLE

NAME STREET ADDRESS

CITY-ST-7/P

561-642-8820 KLADKO MARTIN KESI DENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #