
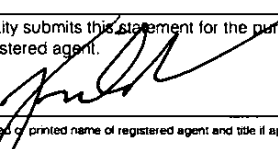
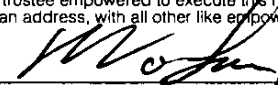


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90010 046 \*\*\*\*61.25

<b>DOCUMENT # N92000000888</b> 1. Entity Name <b>FAIRMONT PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>GRS MANAGEMENT ASSOCIATES, INC</b> <b>3900 WOODLAKE BLVD STE 309</b> <b>LAKE WORTH, FL 33463 US</b>			Mailing Address <b>GRS MANAGEMENT ASSOCIATES, INC</b> <b>3900 WOODLAKE BLVD STE 309</b> <b>LAKE WORTH, FL 33463 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01312008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>65-0439975</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HEIDLER-LADWIG, PATTI</b> <b>12765 W FOREST HILL BLVD</b> <b>SUITE 1312</b> <b>WELLINGTON, FL 33414</b>				Name <b>Gary Fields RA</b> Street Address (P.O. Box Number is Not Acceptable) <b>Admiralty Tower Ste 900</b> <b>4400 O P &amp; A Blvd.</b> City <b>Palm Beach Gardens FL</b> Zip Code <b>33410</b>	
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  (GARY FIELDS)    DATE <b>3/4/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>FREIGENBERG, DAVID</b> <b>10885 FAIRMONT VILL DR.</b> <b>LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SCHEINER, STANLEY</b> <b>10867 FAIRMONT VILLAGE DR</b> <b>LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Scheinir, Stanley</b> <b>10867 Fairmont Village Dr.</b> <b>Lake Worth, FL 33467</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEVINE, ELAINE</b> <b>10795 FAIRMONT VILLAGE DR</b> <b>LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Levine, Elaine</b> <b>10795 Fairmont Village Dr.</b> <b>Lake Worth, FL 33467</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>VAN GORP, HARRY</b> <b>10704 FAIRMONT VILLAGE DR</b> <b>LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAPLAN, SHELDON</b> <b>10753 FAIRMONT VILLAGE DR</b> <b>LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Kaplan, Sheldon</b> <b>10753 Fairmont Village Dr.</b> <b>Lake Worth, FL 33467</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>  <b>2/13/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					