

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # N93000003840 | |  |
| 1. Entity Name FAIRFIELD FARMS OWNERS' ASSOCIATION, INC. | | |
| Principal Place of Business 2806 W US 90 STE 101 LAKE CITY, FL 32055 US | | Mailing Address 2806 W US 90 STE 101 LAKE CITY, FL 32055 US |
| DO NOT WRITE IN THIS SPACE | | |
| | | 03072006 No Chg-NP CR2E037 (11/05) |
| 4. FEI Number 65-0471416 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent CRAPPS, DANIEL 2806 W US 90 SUITE 101 LAKE CITY, FL 32055 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | 1000000485766 03/22/06-80044-017 61.25 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BOWDOIN, RODERIC N 327 NOTH HERNANDO STREET LAKE CITY, FL 32055 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CRAPPS, DANIEL 2806 W US 90 STE 101 LAKE CITY, FL 32055 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| DO NOT WRITE IN THIS SPACE | | |
| 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. | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | DANIEL CRAPPS PRESIDENT 3/7/06 Date 386-755-5110 Daytime Phone # |