

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90186 044 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 164 NW Madison St Suite, Apt. #, etc. SUITE 102 City & State LAKE CITY FL Zip 32055 Country USA		3. Mailing Address PO Box 3659 Suite, Apt. #, etc. City & State LAKE CITY FL Zip 32056 Country USA			
04012007 Chg-NP CR2E037 (12/06)				4. FEI Number 65-0471416	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CRAPPS, DANIEL 2806 W US 90 SUITE 101 LAKE CITY, FL 32055			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 164 NW Madison St SUITE 102 City LAKE CITY FL Zip Code 32055		
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete BOWDOIN, RODERIC N 327 NORTH HERNANDO STREET LAKE CITY, FL 32055 285 NVE HERNANDO AVE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete CRAPPS, DANIEL 2806 W US 90 STE 101 LAKE CITY, FL 32055 PO Box 3659 32056		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DANIEL CRAPPS PRESIDENT 4/2/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone # 386-755-5110					