

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007503

**Entity Name:** FAIRBOURNE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 23, 2020**  
**Secretary of State**  
**0304471592CC**

**Current Principal Place of Business:**

FIRST SERVICE RESIDENTIAL  
1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

FIRST SERVICE RESIDENTIAL  
1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573 US

**FEI Number: 42-1537180**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

APPLETON REISS, PLLC  
501 E KENNEDY BLVD  
SUITE 802  
TAMPA, FL 33602 US

*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: ERIC APPLETON**

**03/23/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HARNOIS, STEVE  
Address        1226 FAIRWAY GREENS DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title            VP  
Name            FIALKOWSKI, JAMES  
Address        1232 FAIRWAY GREENS DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            SECRETARY  
Name            DIPPLE, JANICE  
Address        1251 FAIRWAY GREENS DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            MARTIN, JOHN  
Address        1311 FAIRWAY GREENS DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title            TREASURER  
Name            MCCOMBS, THOMAS  
Address        1245 FAIRWAY GREENS DR  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            POOR, JOHN  
Address        2004 MCANALLY RD  
City-State-Zip: MT PLEASANT TN 38474

*I hereby 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 all other like empowered.*

**SIGNATURE: STEVEN HARNOIS**

**PRESIDENT**

**03/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date