Current Principal Place of Business:

Entity Name: FAIRBOURNE CONDOMINIUM ASSOCIATION, INC.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# N0100007503

## **Current Mailing Address:**

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

# FEI Number: 42-1537180

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

APPLETON REISS 215 N HOWARD AVE SUITE 200 TAMPA, FL 33606 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,

The above named	I entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATURE	ERIC APPLETON			03/29/2022
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	SECRETARY	
Name	HARNOIS, STEVE	Name	DIPPLE, JANICE	
Address	1226 FAIRWAY GREENS DRIVE	Address	1251 FAIRWAY GREENS DRIV	E
City-State-Zip:	SUN CITY CENTER FL 33573	City-State-Zip:	SUN CITY CENTER FL 33573	
Title	DIRECTOR	Title	TREASURER	
Name	MARTIN, JOHN	Name	MCCOMBS, THOMAS	
Address	1311 FAIRWAY GREENS DRIVE	Address	1245 FAIRWAY GREENS DR	
City-State-Zip:	SUN CITY CENTER FL 33573	City-State-Zip:	SUN CITY CENTER FL 33573	
Title	DIRECTOR	Title	VP	
Name	MASLYK, EDWARD	Name	FIALKOWSKI, JAMES	
Address	1318 FAIRWAY GREENS DR	Address	1232 FAIRWAY GREENS DR	
City-State-Zip:	SUN CITY CENTER FL 33573	City-State-Zip:	SUN CITY CENTER FL 33573	
Title	DIRECTOR	Title	DIRECTOR	
Name	KILPELA, THOMAS	Name	MACKAR, THOMAS	
Address	1315 FAIRWAY GREENS DR	Address	1307 FAIRWAY GREENS DR	
City-State-Zip:	SUN CITY CENTER FL 33573	City-State-Zip:	SUN CITY CENTER FL 33573	

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.

PRESIDENT

## SIGNATURE: STEVEN HARNOIS

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 29, 2022 Secretary of State 3345997131CC

Certificate of Status Desired: No

03/29/2022

Date