#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007503

Entity Name: FAIRBOURNE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 04, 2024
Secretary of State
3032481478CC

#### **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 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.

SIGNATURE: ERIC APPLETON 03/04/2024

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

TitlePRESIDENTTitleSECRETARYNameHARNOIS, STEVENameDIPPEL, JANICE

Address 1226 FAIRWAY GREENS DRIVE Address 1251 FAIRWAY GREENS DRIVE
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 KILPELA, THOMAS

Address 1318 FAIRWAY GREENS DR Address 1315 FAIRWAY GREENS DR

City-State-Zip: SUN CITY CENTER FL 33573 City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR Title DIRECTOR

Name MACKAR, THOMAS Name MARCHETTI, FABIO

Address 1307 FAIRWAY GREENS DR Address 1305 FAIRWAY GREENS DR

City-State-Zip: SUN CITY CENTER FL 33573 City-State-Zip: SUN CITY CENTER FL 33573

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SIGNATURE: STEVEN HARNOIS PRESIDENT 03/04/2024

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.

# Officer/Director Detail Continued:

Title DIRECTOR
Name SAYA, RONALD

Address 1220 FAIRWAY GREENS DR
City-State-Zip: SUN CITY CENTER FL 33573