

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90360 016 \*\*\*\*61.25



**DOCUMENT # N01000007503**

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

Principal Place of Business  
 2020 CLUBHOUSE DRIVE  
 SUN CITY CENTER, FL 33573

Mailing Address  
 2020 CLUBHOUSE DRIVE  
 SUN CITY CENTER, FL 33573



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **\*\*\*\*\*New Address\*\*\*\*\***

03292004 Chg-NP CR2E037 (10/03)

City & State  
**1701-B Rickenbacker Drive  
 Sun City Center, FL 33573**

4. FEI Number  
**42-1537180**

Applied For  
 Not Applicable

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTINGS, VIVIEN N  
 24301 WALDEN CENTER DRIVE SUITE 300  
 BONITA SPRINGS, FL 34134

Name  
 Street Address **James R. Defurio, Esquire**  
**101 E. Kennedy Blvd. Suite 3000**  
 City **Tampa, FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$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	PD BEYER, R.C. JR 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NELSON, GARY 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHLICHTING, SANDRA 1207 FAIRWAY GREENS DRIVE SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Spafford, Robert 1237 Fairway Greens Dr. Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Maslyk, Linda 1318 Fairway Greens Dr. Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gannon, Richard 1229 Fairway Greens Dr. Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Metham, Frank 1242 Fairway Greens Dr. Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schlichting, Sandi 1207 Fairway Greens Dr. Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:

*Robert Spafford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Date

Daytime Phone #