## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000011257

Title:

Name:

Address:

City-St-Zip:

FILED May 01, 2009 Secretary of State

Entity Name: FAIRVIEW COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 329 NORTH PARK AVE STE 300 WINTER PARK, FL 32789 **Current Mailing Address: New Mailing Address:** 329 NORTH PARK AVE STE 300 P.O. BOX 4961 WINTER PARK, FL 32789 ORLANDO, FL 32802 FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: B&C CORPORATE SERVICES OF CENTRAL FLORIDA, 390 N ORANGE AVE STE 1400 ORLANDO, FL 32801 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition PRICE, DEAN CII PRICE, DEAN CII Name: Name: 329 NORTH PARK AVE STE 300 Address: 329 NORTH PARK AVE STE 300 Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789 Title: Title: (X) Change ( ) Addition ( ) Delete Name: BROCK, JAY P Name: BROCK, JAY P Address: 329 NORTH PARK AVE STE 300 Address: 329 NORTH PARK AVE STE 300 City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789 Title: () Delete Title: DTS (X) Change ( ) Addition MISSIGMAN, PAUL M MISSIGMAN, PAUL M Name: Name: 329 NORTH PARK AVE STE 300 329 NORTH PARK AVE STE 300 Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL M. MISSIGMAN D 05/01/2009

() Delete

( ) Change (X) Addition

DOODY, TRICIA

329 NORTH PARK AVE STE 300

WINTER PARK, FL 32789