

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90297 028 ****61.25

DOCUMENT # 728655

1. Entity Name

THE FAIRWAYS OF BREVARD ASSOCIATION #1, INC.

Principal Place of Business

Mailing Address

725 PORT MALABAR BLVD., NE
 PALM BAY FL 32905
 US

725 PORT MALABAR BLVD., NE
 PALM BAY FL 32905
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1892971

Applied For

Not Applicable

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

JACOBY, KENNETH N P.A.
 1423 S PATRICK DR
 STE 300
 SATELLITE BEACH FL 32937

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
 NAME **BURNS, YVONNE**
 STREET ADDRESS **1511 ANGLERS DR NE**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Louise Belcher**
 STREET ADDRESS **725 Port Malabar Blvd. #202**
 CITY-ST-ZIP **Palm Bay FL 32905**

TITLE **D** ☐ Delete
 NAME **CRANE, LARRY**
 STREET ADDRESS **725 NE PORT MALABAR BLVD NE #111**
 CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **RANKS, CARLTON**
 STREET ADDRESS **725 PORT MALABAR BLVD NE #301**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **VP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **BLACKBURN, ANNE**
 STREET ADDRESS **725 PORT MALABAR BLVD. NE #110**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **TD** ☐ Change ☒ Addition
 NAME **E. Joyce Moore**
 STREET ADDRESS **725 Port Malabar Blvd. #307**
 CITY-ST-ZIP **Palm Bay, FL 32905**

TITLE **PD** ☐ Delete
 NAME **SCHOFIELD, ARNOLD**
 STREET ADDRESS **725 PORT MALABAR BLVD. NE #308**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Arnold E. Schofield
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNOLD E. SCHOFIELD

Date

2/28/2001

Daytime Phone #

CR2E037 (10/00)