

3/13

FILED

Apr 21, 2002 8:00 am
Secretary of State

03-13-2002 90077 046 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

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
US725 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

Name

Mark Buchweitz

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

1608 SUNNY BROOK LN NE #107

City

Palm Bay

FL

Zip Code

32905

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	CRANE, LARRY	
STREET ADDRESS	725 NE PORT MALABAR BLVD NE #111	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VP	☒ Delete
NAME	RANKS, CARLTON	
STREET ADDRESS	725 PORT MALABAR BLVD NE #301	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	TD	☐ Delete
NAME	MOORE, E JOYCE	
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	DF	☐ Delete
NAME	BELCHER, LOUISE	
STREET ADDRESS	725 PORT MALABAR BLVD #202	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☒ Change ☐ Addition
NAME	BECHARD SHIRLEY	
STREET ADDRESS	725 PORT MALABAR BLVD NE 105	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	SEC	☒ Change ☐ Addition
NAME	BREWSTER BARBARA	
STREET ADDRESS	725 PORT MALABAR BLVD NE 201	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☒ Change ☐ Addition
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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/01)