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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746692
1. Corporation Name
FAIRLANE HARBOR MOBILE HOME OWNERS ASSOCIATION

Principal Place of Business Mailing Address
114 EAST HARBOR DR VERO BEACH, FL 32960
114 EAST HARBOR DR VERO BEACH, FL 32960

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
04/09/1979 04/04/96
4. FEI Number Applied For
59-2385248 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BROWN, CLIFTON B.
114 EAST HARBOR DR
VERO BEACH, FL 32960

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE CLIFTON B. BROWN Clifton B. Brown DATE 5/27/97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | P/D | <input type="checkbox"/> DELETE |
| NAME | SMITHSON, ED | |
| STREET ADDRESS | 6 WEST HARBOR DR | |
| CITY-ST-ZIP | VERO BEACH, FL 32960 | |
| TITLE | T/D | <input type="checkbox"/> DELETE |
| NAME | BROWN, CLIFTON B. | |
| STREET ADDRESS | 114 EAST HARBOR DR | |
| CITY-ST-ZIP | VERO BEACH, FL 32960 | |
| TITLE | V/D | <input checked="" type="checkbox"/> DELETE |
| NAME | DONOVAN, JOHN | |
| STREET ADDRESS | 122 SILVERY LANE | |
| CITY-ST-ZIP | VERO BEACH, FL 32960 | |
| TITLE | V/D | <input type="checkbox"/> DELETE |
| NAME | PAFENBACH, FRED | |
| STREET ADDRESS | 205 CORAL LANE | |
| CITY-ST-ZIP | VERO BEACH, FL 32960 | |
| TITLE | S/D | <input type="checkbox"/> DELETE |
| NAME | BEAKBANE, GINETTE | |
| STREET ADDRESS | 141 FLORA LANE | |
| CITY-ST-ZIP | VERO BEACH, FL 32960 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | V/D MALMBORG, HAROLD |
| 3.3 STREET ADDRESS | 126 SILVERY LANE |
| 3.4 CITY-ST-ZIP | VERO BEACH, FL 32960 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | 300002207933 |
| 6.4 CITY-ST-ZIP | -06/10/97--01081--030 ***70.00 |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clifton B. Brown, Pres. CLIFTON B. BROWN 5/27/97 561-567-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)