

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90118 007 ****61.25

DOCUMENT # 746692

1. Entity Name

FAIRLANE HARBOR MOBILE HOME OWNERS ASSOCIATION, INC.

976794



DO NOT WRITE IN THIS SPACE

Principal Place of Business 114 EAST HARBOR DR VERO BEACH FL 32960	Mailing Address 114 EAST HARBOR DR VERO BEACH FL 32960
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2. Principal Place of Business 81 S. HARBOR DR	3. Mailing Address 81 S. HARBOR DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State VERO BEACH, FL	City & State VERO BEACH, FL
Zip 32960	Country
Zip 32960	Country

4. FEI Number 59-2385248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, CLIFTON B
114 E. HARBOR DR.
VERO BCH FL 32960

7. Name and Address of New Registered Agent

Name **FREDERICK W. DEIS**
 Street Address (P.O. Box Number is Not Acceptable)
81 S. HARBOR DR.
 City **VERO BEACH** **FL** Zip Code **32960**

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 *Frederick W. Deis, Treasurer* **8/20/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be \$236.25.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, JOSEPH 184 CORAL LANE VERO BCH FL 32960	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, CLIFTON B 114 E. HARBOR DR. VERO BCH FL 32960	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYES, EDWARD 75 SOUTH HARBOR DR VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NIEBUHR, HILDE 120 SILVERY LANE VERO BCH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEAKBANE, GINETTE 141 FLORA LANE VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULLIGAN, PATRICIA 162 SILVERY LANE VERO BEACH, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEIS, FREDERICK W 81 S. HARBOR DR VERO BEACH, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: *Frederick W. Deis* **8/20/02** 777-514,8460

CR2E037 (4/02)