

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746692

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: FAIRLANE HARBOR MOBILE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

138 SILVERY LANE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

138 SILVERY LANE  
VERO BEACH, FL 32960

**New Mailing Address:**

FEI Number: 59-2385248      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIDOMIZIO, ALBERT A  
138 SILVERY LANE  
VERO BEACH, FL 32960      US

**Name and Address of New Registered Agent:**

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:**

Title: VD ( ) Delete  
Name: BAILEY, RICHARD  
Address: 109 E HARBOR DR  
City-St-Zip: VERO BEACH, FL 32960

Title: TD ( ) Delete  
Name: DIDOMIZIO, ALBERT A  
Address: 138 SILVERY LANE  
City-St-Zip: VERO BEACH, FL 32960

Title: PD ( ) Delete  
Name: DEIS, FREDERICK W  
Address: 81 S HARBOR DRIVE  
City-St-Zip: VERO BEACH, FL 32960

Title: VD ( ) Delete  
Name: IRVING, GEORGE  
Address: 115 E HARBOR DR.  
City-St-Zip: VERO BEACH, FL 32960

Title: SD ( ) Delete  
Name: LEONARD, CAMILLE  
Address: 167 FLORA LANE  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: NEWMAN, JAMES  
Address: 45 S. HARBOR DRIVE  
City-St-Zip: VERO BEACH, FL 32960

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ALBERT A DIDOMIZIO

TD

04/30/2006

Electronic Signature of Signing Officer or Director

Date