

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746692

FILED
Apr 09, 2009
Secretary of State

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

Current Principal Place of Business:

253 E HARBOR DR
VERO BEACH, FL 32960

New Principal Place of Business:

196 ARBOR LANE
VERO BEACH, FL 32960

Current Mailing Address:

253 E HARBOR DR
VERO BEACH, FL 32960

New Mailing Address:

196 ARBOR LANE
VERO BEACH, FL 32960

FEI Number: 59-2385248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FECHER, JOHN W
253 E HARBOR DR
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

WALSH, JEANNE H
196 ARBOR LANE
VERO BEACH, FL 32960 US

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: JEANNE H. WALSH

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CURLEY, CONCHETTA
Address: 233 ARBOR LANE
City-St-Zip: VERO BEACH, FL 32960

Title: VD () Delete
Name: DAVIS, GARY T
Address: 78 S HARBOR DR
City-St-Zip: VERO BEACH, FL 32960

Title: TD () Delete
Name: FECHER, JOHN W
Address: 253 E HARBOR DR
City-St-Zip: VERO BEACH, FL 32960

Title: PD () Delete
Name: NEWMAN, JAMES
Address: 45 S. HARBOR DRIVE
City-St-Zip: VERO BEACH, FL 32960

Title: SD () Delete
Name: SLONE, MARIE
Address: 149 FLORA LANE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: MOORE, STEVEN
Address: 218 E. HARBOR DR
City-St-Zip: VERO BEACH, FL 32960

Title: TD (X) Change () Addition
Name: WALSH, JEANNE H
Address: 196 ARBOR LANE
City-St-Zip: VERO BEACH, FL 32960

Title: PD (X) Change () Addition
Name: ELWOOD, THOMAS D
Address: 189 CORAL LANE
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 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: JEANNE H. WALSH

TD

04/09/2009

Electronic Signature of Signing Officer or Director

Date