

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000001574**

1. Entity Name

FANNIE STARR TURNER ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O C.K. IVY, JR. CITY MGR HOMESTEAD
790 HOMESTEAD BLVD
HOMESTEAD FL 33030-6299C/O C.K. IVY, JR. CITY MGR HOMESTEAD
790 HOMESTEAD BLVD
HOMESTEAD FL 33030-6299

2. Principal Place of Business

% ALAN C. KING

3. Mailing Address

% ALAN C. KING

Suite, Apt. #, etc.

805 TURNER CIRCLE

Suite, Apt. #, etc.

805 TURNER CIRCLE

City & State

HOMESTEAD FL

City & State

HOMESTEAD FL

Zip

33030

Country

USA

Zip

33030

Country

USA

4. FEI Number

65-1089668

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 **ALAN C. KING**

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

805 TURNER CIRCLECity **HOMESTEAD**

FL

Zip Code

33030

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

ALAN KING

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09/03/02

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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	☒ Delete
NAME	CURTIS K. IVY, JR	
STREET ADDRESS	790 HOMESTEAD BLVD	
CITY-ST-ZIP	HOMESTEAD, FL 33030-6299	

TITLE	V/S	☒ Delete
NAME	LYNDA KOMPENEN	
STREET ADDRESS	790 HOMESTEAD BLVD	
CITY-ST-ZIP	HOMESTEAD, FL 33030-6299	

TITLE	T	☒ Delete
NAME	EVELIN SIMPSON	
STREET ADDRESS	790 HOMESTEAD BLVD	
CITY-ST-ZIP	HOMESTEAD, FL 33030-6299	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	☐ Change ☒ Addition
NAME	ALAN C. KING	
STREET ADDRESS	805 TURNER CIRCLE (D)	
CITY-ST-ZIP	HOMESTEAD, FL 33030	

TITLE	V	☐ Change ☒ Addition
NAME	PATRICIA MILLS	
STREET ADDRESS	817 TURNER CIRCLE (D)	
CITY-ST-ZIP	HOMESTEAD, FL 33030	

TITLE	S/T	☐ Change ☒ Addition
NAME	VERNONTHA RICKS (D)	
STREET ADDRESS	801 TURNER CIRCLE	
CITY-ST-ZIP	HOMESTEAD, FL 33030	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ 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:

SICILIA KING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/03/02 (305) 247-5985

Date

Daytime Phone #

FILED

02 OCT 11 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0136017



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)