

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90175 011 \*\*\*\*\*61.25

**DOCUMENT # N42800**

1. Entity Name

**FAIRVIEW OF ATLANTIS HOMEOWNERS ASSOCIATION, INC**



Principal Place of Business

**189 ORANGE TREE DR  
ATLANTIS FL 33462**

Mailing Address

**193 ORANGE TREE DR  
ATLANTIS FL 33462**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0262243**

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

**WAGNER, SUSAN  
193 ORANGE TREE DR  
ATLANTIS FL 33462**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>BILLIES, DICKSON</b>      |                                 |
| STREET ADDRESS | <b>189 ORANGE TREE DR.</b>   |                                 |
| CITY-ST-ZIP    | <b>ATLANTIS FL 33462</b>     |                                 |
| TITLE          | <b>VD</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>MORRIS, RAY</b>           |                                 |
| STREET ADDRESS | <b>181 ORANGE TREE DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>ATLANTIS FL 33462</b>     |                                 |
| TITLE          | <b>T</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>WAGNER, SUSAN</b>         |                                 |
| STREET ADDRESS | <b>193 ORANGE TREE DR</b>    |                                 |
| CITY-ST-ZIP    | <b>ATLANTIS FL 33462</b>     |                                 |
| TITLE          | <b>SD</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>CHISHOLM, GEORGE</b>      |                                 |
| STREET ADDRESS | <b>197 ORANGE TREE DR</b>    |                                 |
| CITY-ST-ZIP    | <b>ATLANTIS FL 33462</b>     |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Susan Wagner* **SIGNATURE REQUIRED**

**4.8.03 561-966-2051**

CR2E037 (10/02)