

2001 UNIFORM BUSINESS REPORT (UBR)

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APPROVED
AND
FILED

01 OCT 15 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ep

DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000002103
 1. Entity Name
FAWN COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
**3675 PARKWAY DRIVE
 MELBOURNE FL 32934**

Mailing Address
**GARY ORRISON
 2641 CROOKED ANTLER DR
 MELBOURNE FL 32934**

3. Mailing Address
2670 Crooked Antler

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
Melbourne, FL

4. FEI Number **59-3376986** Applied For
 Not Applicable

Zip Country
32934 Brevard

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ORRISON, GARY
 2641 CROOKED ANTLER DR
 MELBOURNE FL 32934**

7. Name and Address of New Registered Agent
 Name **Michael Hoffmann**
 Street Address (P.O. Box Number is Not Acceptable)
2670 Crooked Antler
 City **Melbourne FL** Zip Code **32934**

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.
200004657632--6
-10/29/01--01076--014
*******61.25 *****61.25**

SIGNATURE **X Kevin Hayes** (Signature, typed or printed name of registered agent and title 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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MCKINLEY, JOHN A
STREET ADDRESS	4927 FLORA DR
CITY-ST-ZIP	MELBOURNE FL 32934
TITLE	D <input type="checkbox"/> Delete
NAME	CONNOR, DOUG
STREET ADDRESS	3675 PARKWAY DRIVE
CITY-ST-ZIP	MELBOURNE FL 32934
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, KAREN
STREET ADDRESS	5055 SMITHFIELD
CITY-ST-ZIP	MELBOURNE FL 32934
TITLE	P <input type="checkbox"/> Delete
NAME	ORRISON, GARY M
STREET ADDRESS	2641 CROOKED ANTLER DR
CITY-ST-ZIP	MELBOURNE FL 32934
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Hayes
STREET ADDRESS	2491 Crooked Antler
CITY-ST-ZIP	Melbourne, FL 32934
TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Hoffmann
STREET ADDRESS	2670 Crooked Antler
CITY-ST-ZIP	Melbourne, FL 32934
TITLE	V. Pres <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Hackett
STREET ADDRESS	2481 Crooked Antler
CITY-ST-ZIP	Melbourne, FL 32934
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: **X SIGNATURE REQUIRED** **9-25-01** **321-259-7882**

CR2E037 (10/00)