

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

06-10-2002 90463 028 ****61.25

DOCUMENT # N96000002103

1. Entity Name

FAWN COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**3675 PARKWAY DRIVE
 MELBOURNE FL 32934**

Mailing Address

**MICHAEL HEFFMAN
 2610 CROOKED ANTLER
 MELBOURNE FL 32934**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3376986

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEFFMAN, MICHAEL
 2670 CROOKED ANTLER DR
 MELBOURNE FL 32934**

7. Name and Address of New Registered Agent

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

**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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCKINLEY, JOHN A	
STREET ADDRESS	4927 FLORA DR	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONNOR, DOUG	
STREET ADDRESS	3675 PARKWAY DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, KAREN	
STREET ADDRESS	5055 SMITHFIELD	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ORRISON, GARY M	
STREET ADDRESS	2641 CROOKED ANTLER DR	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAYES, KEVIN	
STREET ADDRESS	2491 CROOKED ANTLER DR	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOFFMAN, MICHAEL	
STREET ADDRESS	2670 CROOKED ANTLER	
CITY-ST-ZIP	MELBOURNE FL 32934	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Hayes	
STREET ADDRESS	2491 Crooked Antler	
CITY-ST-ZIP	Melbourne FL 32935	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Hoffmann	
STREET ADDRESS	2670 Crooked Antler	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Costello	
STREET ADDRESS	2630 Crooked Antler	
CITY-ST-ZIP	Melbourne, FL 32935	
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: **SIGNATURE REQUIRED**

9/12/02

CR2E037 (4/02)