

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


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

04-10-2003 90188 037 \*\*\*\*61.25

00709629

**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  
**2670 Crooked Antler**

3. Mailing Address  
**2670 Crooked Antler**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Melbourne FL**

City & State  
**Melbourne FL**

Zip  
**32934**

Country  
**Steward**

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 *X [Signature]* DATE **4-7-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HAYES, KEVIN</b>
STREET ADDRESS	<b>2491 CROOKED ANTLER</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HOFFMAN, MICHAEL</b>
STREET ADDRESS	<b>2670 CROOKED ANTLER</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>COSTELLO, SCOTT</b>
STREET ADDRESS	<b>2630 CROOKED ANTLER</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>HAYES, KEVIN</b>
STREET ADDRESS	<b>2491 CROOKED ANTLER DR</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>HOFFMAN, MICHAEL</b>
STREET ADDRESS	<b>2670 CROOKED ANTLER</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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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]* **HOFFMAN** **2-11-03 321-259-7442**

CR2E037 (10/02)