

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91432 047 \*\*\*\*61.25

0039443

**DOCUMENT # N99000001928**

1. Entity Name

**FAIRMONT AT REGENCY LAKES HOMEOWNERS' ASSOCIATIO  
N, INC.**



Principal Place of Business  
**C/O CAMPBELL PROPERTY MANAGEMENT  
1215 E HILLSBORO BLVD  
DEERFIELD BEACH FL 33441**

Mailing Address  
**C/O CAMPBELL PROPERTY MANAGEMENT  
1215 E HILLSBORO BLVD  
DEERFIELD BEACH FL 33441**

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 **65-0920385**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SACHS, SAX & KLEIN, P.A.  
NORTHERN TRUSS PLAZA STE 4150  
301 YAMATO ROAD  
BOCA RATON FL 33431**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
WALTERS, DONALD  
6424 EGRET AVE.  
COCONUT CREEK FL 33073**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
STEELE, JENNIFER  
4919 EGRET COURT  
COCONUT CREEK FL 33073**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ROSS K. STONE DV  
4924 EGRET COURT  
COCONUT CREEK, FL 33073**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
SAVINO, PETER  
4920 EGRET PLACE  
COCONUT CREEK FL 33073**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

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**  
**DONALD R. WALTERS, PRESIDENT** 4/29/03 954 755 9890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)