

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED

Mar 30, 2001 8:00 am
Secretary of State

03-14-2001 90521 030 ****61.25

DOCUMENT # **737382** ✓
1. Entity Name
FAIRVIEW VILLAS CONDO ASSN INC

Principal Place of Business Mailing Address
P.O. Box 20815
West Palm Beach, FL 33416

2. Principal Place of Business 3. Mailing Address
P.O. Box 20815
Suite, Apt. #, etc. Suite, Apt. #, etc.

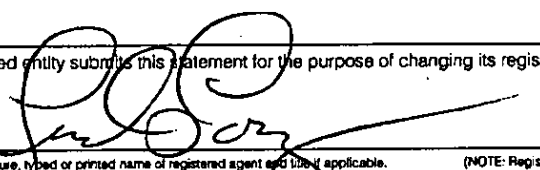
City & State Zip Country
West Palm Beach FL Palm Beach

4. FEI Number **59-1955830** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

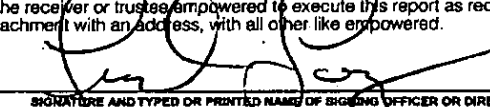
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.
SIGNATURE  DATE **3-8-01**
Signature, typed or printed name of registered agent and then 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: Department of State

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
Delete
Delete
TREASURER
SHARON DUNN
1807-2 FAIRVIEW VILLAS DR.
WPB, FL 33406
Delete
Delete
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition
P FRED LORINZ
1870-3 FAIRVIEW VILLAS DRIVE
W. PALM BEACH, FL 33406 D
V PAUL WEBER
1850-3 FAIRVIEW VILLAS DR.
WPB, FL 33406 D
T SHARON DUNN
1807-2 FAIRVIEW VILLAS DR.
WPB, FL 33406 D
S CATHY SWOFFORD
1807-4 FAIRVIEW VILLAS DR.
WPB, FL 33406 D
Change Addition
Change Addition
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:  DATE **3-8-01**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/00)