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

[redacted]

2. Principal Place of Business	3. Mailing Address
	PO BOX 20815
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: West Palm Beach
Zip / Country	Zip: FL / Country: Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1955830 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	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 _____ 3-8-01
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: Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P FRED LORINZ 1870-3 FAIRVIEW VILLAS DRIVE W. PALM BEACH, FL 33406 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition V PAUL WEBER 1850-3 FAIRVIEW VILLAS DR. WPB, FL 33406 D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SHARON DUNN 1807-2 FAIRVIEW VILLAS DR. WPB. FL. 33406	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition T SHARON DUNN 1807-2 FAIRVIEW VILLAS DR. WPB, FL 33406 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition S CATHY SWOFFORD 1807-4 FAIRVIEW VILLAS DR. WPB, FL 33406 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

CR2E037 (11/00)

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: _____ 3-8-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #