

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90052 011 ****61.25

DOCUMENT # 125005
1. Entity Name FAIRFAX HOMEOWNERS ASSN, INC.

Principal Place of Business 4220 FAIRFAX DR E
 Bradenton, FL 34203
Mailing Address PO Box 20261
 Bradenton, FL 34203

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number 650347595
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 All Florida Services, Inc.
 2831 Ringling Blvd
 Suite 218K
 Sarasota, FL 34237

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

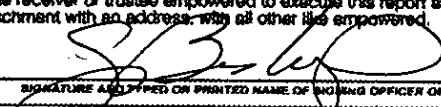
10. OFFICERS AND DIRECTORS

TITLE DP NAME Russell Rielly STREET ADDRESS 4220 FAIRFAX DR E CITY-ST-ZIP Bradenton, FL 34203	☐ Delete
TITLE DVP NAME Linda Lauricello STREET ADDRESS 4232 FAIRFAX DR E CITY-ST-ZIP Bradenton, FL 34203	☐ Delete
TITLE DT NAME Herb Brown STREET ADDRESS 4315 FAIRFAX DR E CITY-ST-ZIP Bradenton, FL 34203	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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)(f), 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:  **G. Bishop** 4/30/01
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/00)