2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 07, 2002 8:00 am Secretary of State **DOCUMENT # 737382** 1. Entity Name FAIRVIEW VILLAS CONDOMINIUM ASSOCIATION, INC. 03-07-2002 90005 038 ****61.25 Principal Place of Business Mailing Address C/O CMD MGMT., INC. P.O. BOX 20815 3082 JOG RD. WEST PALM BEACH FL 33416 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address -AIRTIGN VILLAS Call AS ASSOC Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 811 -2. City & State 4. FEI Number Applied For City & State 59-1955830 Not Applicable Zip ろういっち Country Zip Country \$8.75 Additional 5. Certificate of Status Desired usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JHARON DUNA Street Address (P.O. Box Number is Not Acceptable) ROSENTHAL, DAVID C C/O CMD MGMT., INC. 1.607-2 FAIRVIEW VILLAS 3082 JOG RD. Zio Code 37406 LAKE WORTH FL 33467 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD TITLE Delete TITLE Change ☐ Addition DUNN, SHARON NAME NAME STREET ADDRESS 1807-2 FARVIEW VILLAS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 Delete SD TITLE ☐ Change Attdition NAME SWOFFORD, CATHY NAME 100 ANE STREET ADDRESS STREET ADDRESS FARDIEN ULLAS BEACH -Fr = 334 1807-4 FAIRVIEW VILLAS DR. CITY-ST-ZIP CITY-ST-ZIP W. PALM BCH. FL 33406 ☐ Addition ☐ Delete TITLE ☐ Change NAME LORINZ, FRED NAME STREET ADDRESS 1870-3 FAIRVIEW VILLAS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Addition TITLE Delete TITLE Change WEBER, PAUL NAME NAME STREET ADDRESS 1850-3 FAIRVIEW VILLAS DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BCH. FL 33406 Change ☐ Addition ☐ Celete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SETARUM DUNAN SIGNATURE:

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/vith an address, with all other like empowered.