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

## DOCUMENT # **N25005**

1. Entity Name

## FAIRFAX HOME OWNERS ASSOCIATION, INC.

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## **FILED** Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 91070 038 \*\*\*\*61.25

				9	WETE				
Principal Pla	ace of Business		Mailing Address			1			
	kg blvd		2831 RINGLING BLVD						
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country  6. Name and Address of Current Reconstruction of Current Reconstruction (Country Country Count		#218F SARASOTA FL 34237							
us			US			1 200 200 200 200 10		1884 <b>- 1</b> 884 - <b>188</b> 4 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884	DA BARA IA DA
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 65-0347595 App		pplied For	
Zip Country			Zip Country						ot Applicabl
			,	Country		5. Certificate of S	tatus Desired	□ \$8.75 Ac Fee Require	
	6. Name and Add	ress of Current Re	gistered Agent			7. Name and Add		gistered Agent	
=		_		Name		<b>.</b>	**************************************		
2831 RINGLING BLVD				Street	Street Address (P.O. Box Number is Not Acceptable)				
#218F	NTA EL 04007		•				<del>- ,,,</del>		*
	)TA FL 34237		City						
<ol><li>The above the obligation</li></ol>	e named entity submits ations of registered age	this statement for th	ne purpose of changing its	registered office	or registere	ed agent, or both, in	the State of Flori	da. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed na	me of reciptored agent and	title if analisable (ANOTE	* P	<del></del>	<del> </del>			
	organization, typos or printing the	ne or registered agent and	me ii applicable. (NOT)	E: Registered Agent sign	ature required	when reinstating)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DATE	
	EILE NOW: CEE I	, C &C1 OF	9. Election Can	npaign Financing		\$5.00 May Be	Make	e Check Payable	to
FILE NOW: FEE IS \$61.25  9. Election Cal						Added to Fees Florida Department of State			
10.	OF	FICERS AND DIREC	CTORS	11.	A	DDITIONS/CHANGI	ES TO OFFICERS	S AND DIRECTORS IN	10
TITLE	DP		☐ Delete	TITLE		,,,		☐ Change	Addition
NAME	LAURIELLO, LINDA			NAME	3/6	. <b></b>		_ ;	<b>4</b>
STREET ADDRESS CITY-ST-ZIP	2831 RINGLING BL SARASOTA FL 342	-		STREET ADDRESS CITY-ST-ZIP	218	74			
TITLE	DVP	31	☐ Delete	<del>-</del>		<del></del>			
NAME	SILVERS, DUANE		LJ Delete	TITLE NAME	3.0	. 🕝		☐ Change	Addition
STREET ADDRESS	2831 RINGLING BL	VD		STREET ADDRESS	218	· <del>/-</del>			•
CITY-ST-ZIP	SARASOTA FL 342		_	CITY-ST-ZIP	İ				
TITLE	DST		☐ Delete	TITLE	1 FA	H BRET	Ц	☐ Change	<b>✓</b> Addition
NAME	Lopez, Dina			NAME	218		,,	Onlingo	Addition
STREET ADDRESS	2831 RINGLING BL	VD		STREET ADDRESS	210	r			
CITY-ST-ZIP	SARASOTA FL 342	37		CITY-ST-ZIP		• •			
TITLE			☐ Delete	TITLE			<del>-</del>	☐ Change	Addition
IAME				NAME				_ •	_
STREET ADDRESS				STREET ADDRESS					
DITY-ST-ZIP				CITY-ST-ZIP					
TLE			☐ Delete	TITLE			<del></del>	☐ Change	☐ Addition
IAME				NAME				-	
TREET ADDRESS CITY-ST-ZIP				STREET ADDRESS					
				CITY-ST-ZIP					
ITLE			Delete	TITLE				☐ Change	☐ Addition
iame Treet address =				NAME	1				
INCEL MUDRESS				STREET ADDRESS					

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: