

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

FILED
May 12, 2003 8:00 am
Secretary of State

04-21-2003 90436 045 ****61.25

DOCUMENT # 737382

1. Entity Name

FAIRVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**1807-2 FAIRVIEW VILLAS DR
WEST PALM BEACH FL 33406
US**

Mailing Address

**P.O. BOX 20815
WEST PALM BEACH FL 33416
US**

55040022



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1955830**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DUNN, SHARON
1807-2 FAIRVIEW VILLAS DR
WEST PALM BEACH FL 33406**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and use 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
NAME **DUNN, SHARON**
STREET ADDRESS **1807-2 FAIRVIEW VILLAS DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **PD** ☐ Delete
NAME **LORINZ, FRED**
STREET ADDRESS **1870-3 FAIRVIEW VILLAS DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **VD** ☒ Delete
NAME **WEBER, PAUL**
STREET ADDRESS **1850-3 FAIRVIEW VILLAS DR.**
CITY-ST-ZIP **W. PALM BCH. FL 33406**

TITLE **S** ☒ Delete
NAME **STARK, YVONNE**
STREET ADDRESS **1805-2 FAIRVIEW VILLAS DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE **D** ☐ Change ☒ Addition
NAME **S Shirley Trench**
STREET ADDRESS **1860-2 FAIRVIEW VILLAS Drive**
CITY-ST-ZIP **West Palm Beach FL 33406**

TITLE **D** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **T LEE TITTLE**
STREET ADDRESS **1870-2 FAIRVIEW Villas Drive**
CITY-ST-ZIP **West Palm Beach FL 33406**

TITLE **ST** ☐ Change ☒ Addition
NAME **Jose Mendia**
STREET ADDRESS **1799-2 FAIRVIEW Villas Drive**
CITY-ST-ZIP **West Palm Beach FL 33406**

TITLE **IT** ☐ Change ☒ Addition
NAME **Ismael Saez**
STREET ADDRESS **FAIRVIEW Villas Condominium Association**
CITY-ST-ZIP **PO Box 20815 West Palm Bch, FL 33416**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-7-03 561-964-9669

CR2E037 (10/02)