VERO BEACH,				
Current Mai	ing Address:			
49 SOUTH H VERO BEAC	IARBOR DR H, FL 32960 US			
FEI Number: 59-2385248		Certificate of Status Desired: Yes		
Name and A	ddress of Current Registered Agent:			
BUSMAN, STAG 49 SOUTH HAF VERO BEACH,	BOR DR			
The above named	entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florid	da.
SIGNATURE: STACEY M BUSMAN				02/26/2019
	Electronic Signature of Registered Agent			Date
Officer/Dire				Date
Officer/Dire		Title	TREASURER	Date
	ctor Detail :	Title Name	TREASURER ROWLAND , SAMANTHA	Date
Title	ctor Detail : PRESIDENT			Date
Title Name Address	Ctor Detail : PRESIDENT BUSMAN, STACEY M	Name	ROWLAND , SAMANTHA 84A SOUTH HARBOR DR	Date
Title Name Address	ctor Detail : PRESIDENT BUSMAN, STACEY M 49 SOUTH HARBOR DR	Name Address	ROWLAND , SAMANTHA 84A SOUTH HARBOR DR	Date
Title Name Address City-State-Zip:	ctor Detail : PRESIDENT BUSMAN, STACEY M 49 SOUTH HARBOR DR VERO BEACH FL 32960	Name Address City-State-Zip:	ROWLAND , SAMANTHA 84A SOUTH HARBOR DR VERO BEACH FL 32960	Date
Title Name Address City-State-Zip: Title	Ctor Detail : PRESIDENT BUSMAN, STACEY M 49 SOUTH HARBOR DR VERO BEACH FL 32960 VP	Name Address City-State-Zip: Title	ROWLAND , SAMANTHA 84A SOUTH HARBOR DR VERO BEACH FL 32960 SECRETARY	Date
Title Name Address City-State-Zip: Title Name Address	ctor Detail : PRESIDENT BUSMAN, STACEY M 49 SOUTH HARBOR DR VERO BEACH FL 32960 VP MARKERT, DONALD	Name Address City-State-Zip: Title Name Address	ROWLAND , SAMANTHA 84A SOUTH HARBOR DR VERO BEACH FL 32960 SECRETARY WHITE , PATRICIA	Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STACEY M BUSMAN

ESPOSITO, LINDA

122 SILVERY LANE

VERO BEACH FL 32960

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 26, 2019 Secretary of State 4594334725CC

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746692

Entity Name: FAIRLANE HARBOR MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

49 SOUTH HARBOR DR

Name

Address

City-State-Zip: