

**2000 UNIFORM BUSINESS REPORT (UBR)**

8/8/9

**FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90084 029 \*\*\*\*61.25

**DOCUMENT #** 737382 2

**1. Entity Name**  
 FAIRVIEW VILLAS CONDOMINIUM ASSN.

<b>Principal Place of Business</b> FAIRVIEW VILLAS DR WEST PALM BEACH	<b>Mailing Address</b> PO BOX 20815 WEST PALM BEACH, FL 33460
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip Country	Zip Country

<b>4. FEI Number</b> 59-1955830	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
	<b>Name</b> AUDREY BOURGETS
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> 299 CAMINO GONS BLVD #203
	<b>City</b> BOCA RATON <b>FL</b> <b>Zip Code</b> 33432

**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** Audrey Bourgets CPA 8/6/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Making Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES / DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED LORINZ		NAME		
STREET ADDRESS	1870 FAIRVIEW VILLAS DR #3		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	V.P. / DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALL WEBER		NAME		
STREET ADDRESS	1850 FAIRVIEW VILLAS DR #3		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	S.C.R.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDREY WEBER		NAME		
STREET ADDRESS	1846 FAIRVIEW VILLAS DR #1		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	TRES. / DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON DUMM		NAME		
STREET ADDRESS	1807 FAIRVIEW VILLAS DR #2		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	ASST SECY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE SWOFFORD		NAME		
STREET ADDRESS	1807 FAIRVIEW VILLAS DR #4		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** FRED LORINZ 8/14/00  
Signature and Typed or Printed Name of Issuing Officer or Director Date Daytime Phone #