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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 746504 (0)

1. Corporation Name
FAIRMONT ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

**% JANE L. CORNETT, ESQ.
P.O. BOX 66
STUART FL 34995**

**% JANE L. CORNETT, ESQ.
P.O. BOX 66
STUART FL 34995**

2. Principal Place of Business 2a. Mailing Address

21 **c/o GREGORY D. COOK, Esq.** 26 **GREGORY D. COOK, Esq.**

22 **900 S. Federal Hwy** Suite, Apt. #, etc. **P.O. Box 658**

23 **Stuart, Fla.** City & State **Stuart, Fla.**

24 **34994** Zip **USA** Country 29 **34995** Zip **USA** Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/29/1979** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-2400335** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORNETT, JAMES, L., ESQ.
401 E OSCEOLA ST
STUART FL 34995**

10. Name and Address of New Registered Agent

81 Name **GREGORY D. COOK, ESQ.**

82 Street Address (P.O. Box Number is Not Acceptable) **900 South Federal Hwy**

83 **FIRST FLOOR**

84 City **STUART** FL 85 Zip Code **34994**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Gregory D. Cook* **GREGORY D. COOK** **MAY 20, 1995**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	MORRIS PATRICIA A	1.2 NAME	MCNAMARA SUZANNE
STREET ADDRESS	60 SW BLACKBURN TERR #5	1.3 STREET ADDRESS	60 SW BLACKBURN TERR #1
CITY - ST - ZIP	STUART FL	1.4 CITY - ST - ZIP	STUART FL
TITLE	VP	2.1 TITLE	VP/D ☒ Change ☐ Addition
NAME	MCNAMANA SUZANNE	2.2 NAME	FINCHER CARL W. JR.
STREET ADDRESS	60 SW BLACKBURN TERR #1	2.3 STREET ADDRESS	80 SW BLACKBURN TERR #7
CITY - ST - ZIP	STUART FL	2.4 CITY - ST - ZIP	STUART FL
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	LAUWE V	3.2 NAME	
STREET ADDRESS	79 SW BLACKBURN TERR #6	3.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	3.4 CITY - ST - ZIP	
TITLE	S/D	4.1 TITLE	☒ Change ☐ Addition
NAME	BYRD WENDY	4.2 NAME	
STREET ADDRESS	69 SW BLACKBURN TERR #7	4.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	4.4 CITY - ST - ZIP	
TITLE	A	5.1 TITLE	☒ Change ☐ Addition
NAME	HAMMOND LEE T	5.2 NAME	BEAVER RON
STREET ADDRESS	99 SW BLACKBURN TERR #8	5.3 STREET ADDRESS	60 SW BLACKBURN TERRACE #7
CITY - ST - ZIP	STUART FL	5.4 CITY - ST - ZIP	STUART FL
TITLE	A	6.1 TITLE	☐ Change ☐ Addition
NAME	LATORA TOM T	6.2 NAME	
STREET ADDRESS	60 SW BLACKBURN TERR #9	6.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carl W. Fincher* **V. P.** **3/6/95** **220-1484**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #