FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Jun 04 1997 8:00am
Secretary of State

DOCUMENT # 746504 (0)

1. Corporation Name

FAIRMONT ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GREGORY D. COOK, ESQ. 900 S FEDERAL HWY STUART FL 34994	C/O GREGORY D. COOK, ESQ. P.O. BOX 658 STUART FL 34995-0658

3. Date Incorporated or Qualified: 03/29/1979
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25
2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

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

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

9. Name and Address of Current Registered Agent

COOK, GREGORY D., ESQ.
900 SOUTH FEDERAL HWY
FIRST FLOOR
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: LEIF GRAZI
82 Street Address (P.O. Box Number is Not Acceptable): 217 E. Ocean Blvd.
83
84 City: STUART FL 85 Zip Code: 34994

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ 4/10/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EINBROD, JR. CARL 80 SW BLACKBURN TERRACE #7 STUART FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P-D HAMMOND, LEE 99 SW Blackburn Terrace, #8 Stuart, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD EINBROD, CARL W., JR. 80 SW BLACKBURN TERR #7 STUART FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S-D CAPOCCIONI, MARY 60 SW Blackburn Terrace, #7 Stuart, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAUWE, VIOLET 79 SW BLACKBURN TERR #6 STUART FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T PARSONS, RODNEY 50 SW Blackburn Terrace, #8 Stuart, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BYRD, WENDY 69 SW BLACKBURN TERR #7 STUART FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VP-D BYRD, WENDY 69 SW Blackburn Terrace, #7 Stuart, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A ANDERSON, LENNY 50 SW BLACKBURN TERRACE #4 STUART FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A LATORA, TOM T. 60 SW BLACKBURN TERR #9 STUART FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 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(S) REQUIRED _____ 4/10/97