

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90016 038 ****61.25

DOCUMENT # 746504

1. Corporation Name

FAIRMONT ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

FAIRMONT ESTATES
36 SW BLACKBURN TERR. #4
STUART FL 34997
US

Mailing Address

FAIRMONT ESTATES
36 SW BLACKBURN TERR. #4
STUART FL 3497
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

03/29/1979

4. FEI Number

59-2400335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

GRAZI, LEIF
217 E OCEAN BLVD.
STUART FL 34994

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD HAMMOND, LEE**
STREET ADDRESS **99 S.W. BLACKBURN TERR., #8**
CITY-ST-ZIP **STUART FL**

TITLE ☒ DELETE
NAME **SD CAPOCCIONI, MARY**
STREET ADDRESS **60 S.W. BLACKBURN TERR, #7**
CITY-ST-ZIP **STUART FL**

TITLE ☐ DELETE
NAME **T PARSONS, RODNEY**
STREET ADDRESS **50 S.W. BLACKBURN TERR, #8**
CITY-ST-ZIP **STUART FL**

TITLE ☐ DELETE
NAME **VPD BYRD, WENDY**
STREET ADDRESS **69 SW BLACKBURN TERR #7**
CITY-ST-ZIP **STUART FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VPD** ☐ Change ☒ Addition
1.2 NAME **LATORRA, TOM**
1.3 STREET ADDRESS **60 S.W. BLACKBURN TERR. #9**
1.4 CITY-ST-ZIP **STUART, FL 34997**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **BYRD, WENDY**
2.3 STREET ADDRESS **69 S.W. BLACKBURN TERR. #7**
2.4 CITY-ST-ZIP **STUART, FL 34997**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

RODNEY E. PARSONS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99
Date

561-283-9679
Daytime Phone #

CR2E037 (11/98)

0073747