2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State
05-25-2001 90290 006 ****61.25

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DOCUMENT # 746504

1. Entity Name

FAIRMONT ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
FAIRMONT ESTATES 36 SW BLACKBURN TERR. #4 STUART FL 34997 US	FAIRMONT ESTATES 36 SW BLACKBURN TERR. #4 STUART FL 3497 US

771695

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAZI, LEIF 217 E OCEAN BLVD. STUART FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAMMOND, LEE 99 S.W. BLACKBURN TERR., #8 STUART FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D RICHARD MASSELLI 70 SW BLACKBURN TERR. #8 STUART FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PARSONS, RODNEY 50 S.W. BLACKBURN TERR, #8 STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D LEONARD ANDERSON JR. 50 SW BLACKBURN TERR. # 4 STUART FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BYRD, WENDY 69 SW BLACKBURN TERR #7 STUART FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D MARY CAPOCCIONI 60 S.W. BLACKBURN TERR. #7 STUART FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BYRD, WENDY 69 SW BLACKBURN TERR #7 STUART FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LATORRA, TOM 60 SW BLACKBURN TERR #9 STUART FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Rodney C. Parsons SIGNATURE REQUIRED Rodney C. Parsons 5/22/01 561 283-9679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #