2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State
05-27-2003 90171 018 ****61.25

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~~ 34997 US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip 34997 / 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW. FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASSELLI, RICHARD 70 SW BLACKBURN, TERRACE #8 STUART, FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NELSON JONES 79 SW BLACKBURN TER #4 STUART, FL. 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MASSELLI, GWEN 70 SW BLACKBURN TERRACE STUART, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VIRGINIA CASTRO 79 SW BLACKBURN TER #2 STUART, FL. 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JONES, NELSON 79 SW BLACKBURN TERRACE STUART, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHN SCACCO 60 SW BLACKBURN TER. # 1 STUART, FL. 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARGHOUTHY, SONIA 69 SW BLACKBURN TERRACE STUART, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARY CAPOCCIONI 60 SW BLACKBURN TER #7 STUART, FL. 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 (10/02)

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: _____ NELSON JONES 5/20/03 772)220-5799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #