FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 10 PM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746692 (3)

1. Corporation Name

FAIRLANE HARBOR MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
74 SOUTH HARBOR VERO BEACH FL 32960	74 SOUTH HARBOR VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1979
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2385248 ☐ 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

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)

9. Name and Address of Current Registered Agent

PURCELL, M.
74 SOUTH HARBOR DRIVE
FAIRLANE HARBOR
VERO BCH FL 32960

10. Name and Address of New Registered Agent

81 Name: HAZEL BAKER
82 Street Address (P.O. Box Number is Not Acceptable): 210 ARBOR LANE
83: FAIRLANE HARBOR
84 City: VERO BEACH FL 85 Zip Code: 32960

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: X Hazel B. Baker
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	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	PINE, RICHARD	1.2 NAME	
STREET ADDRESS	49 SO HARBOR DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	TO ☑ Change ☐ Addition
NAME	PURCELL, M.	2.2 NAME	HAZEL BAKER
STREET ADDRESS	74 SOUTH HARBOR DRIVE	2.3 STREET ADDRESS	210 ARBOR LANE
CITY-ST-ZIP	VERO BEACH, FL 0	2.4 CITY-ST-ZIP	VERO BEACH FL. 32960
TITLE	VD	3.1 TITLE	PRES. ☑ Change ☐ Addition
NAME	PALMER, FRED	3.2 NAME	
STREET ADDRESS	216 ARBOR LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	3.4 CITY-ST-ZIP	32960
TITLE	PD	4.1 TITLE	VD ☑ Change ☐ Addition
NAME	SCHMIDT, JOHN	4.2 NAME	ED SHITHSON
STREET ADDRESS	44 SOUTH HARBOR DRIVE	4.3 STREET ADDRESS	6 W. HARBOR
CITY-ST-ZIP	VERO BCH FL	4.4 CITY-ST-ZIP	VERO BEACH FL 32960
TITLE	SD	5.1 TITLE	SD ☑ Change ☐ Addition
NAME	SNYDER, MILDRED	5.2 NAME	GINETTE BRAKBANE
STREET ADDRESS	23 S. HARBOR DR.	5.3 STREET ADDRESS	141 FLORA LANE
CITY-ST-ZIP	VERO BEACH, FL 0	5.4 CITY-ST-ZIP	VERO BEACH FL 32960
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: X Fred H Palmer 3/6/95 Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038618