

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746692 (3)

1. Corporation Name

FAIRLANE HARBOR MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

114 EAST HARBOR DR
~~71 SOUTH HARBOR~~
VERO BEACH FL 32960

Mailing Address

114 EAST HARBOR DR.
~~71 SOUTH HARBOR~~
VERO BEACH FL 32960

3. Date Incorporated or Qualified
04/09/1979

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

114 EAST HARBOR DR

2a. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH FLA

City & State

Zip

32960

Country

IR

Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BAKER, HAZEL
210 ARBOR LANE
FAIRLANE HARBOR
VERO BCH FL 32960

10. Name and Address of New Registered Agent

81. Name

CLIFTON B. BROWN

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

114 E. HARBOR DR.

83. City

VERO BEACH FLA 32960

84. City

VERO BEACH, FL

85. Zip Code

32960

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

CLIFTON B. BROWN, TREAS.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/96

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PINE, RICHARD	<input checked="" type="checkbox"/>
STREET ADDRESS	49 SO HARBOR DR	
CITY - ST - ZIP	VERO BCH, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, HAZEL	
STREET ADDRESS	210 ARBOR LANE	
CITY - ST - ZIP	VERO BEACH, FL 0	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, FRED	
STREET ADDRESS	216 ARBOR LN	
CITY - ST - ZIP	VERO BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SMITHSON, ED	
STREET ADDRESS	6 W HARBOR	
CITY - ST - ZIP	VERO BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BEAKBANE, GINETTE	
STREET ADDRESS	141 FLORA LANE	
CITY - ST - ZIP	VERO BEACH, FL 0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD	
1.3 STREET ADDRESS	Ed Smithson	
1.4 CITY - ST - ZIP	6 West Harbor	
2.1 TITLE	VERO BEACH FLA 32960	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CLIFTON B. BROWN	
2.3 STREET ADDRESS	114 E. HARBOR DR TD	
2.4 CITY - ST - ZIP	VERO BEACH, FL 32960	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Donovan	
3.3 STREET ADDRESS	122 Silvery Lane	
3.4 CITY - ST - ZIP		
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRED PAFFENBACH	
4.3 STREET ADDRESS	205 CORAL LANE	
4.4 CITY - ST - ZIP	VERO BEACH FLA 32960	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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

Clifton B. Brown, Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

407-567-0409

Day

Daytime Phone #

CR2E037 (12/95)