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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 746692

1. Corporation Name

FAIRLANE HARBOR MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
114 EAST HARBOR DR VERO BEACH FL 32960	114 EAST HARBOR DR VERO BEACH FL 32960

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)

3. Date Incorporated or Qualified: 04/09/1979

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

9. Name and Address of Current Registered Agent

BROWN, CLIFTON B
114 E. HARBOR DR.
VERO BCH FL 32960

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	FREDERICK C PAFENBACH		12 NAME		
STREET ADDRESS	205 CORAL LN		13 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL 32960		14 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BROWN, CLIFTON B		22 NAME		
STREET ADDRESS	114 E. HARBOR DR.		23 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL 32960		24 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	HILDE NIEBUHR		32 NAME		
STREET ADDRESS	120 SILVERY LN		33 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960		34 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	JUDITH F GILBERT		42 NAME		
STREET ADDRESS	18 S HARBOR DR		43 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL 32960		44 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BEAKBANE, GINETTE		52 NAME		
STREET ADDRESS	141 FLORA LANE		53 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 0		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (11/98)

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: Clifton B. Brown Treas. CLIFTON B BROWN 4/23/99 561-567-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #