

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # 746692****1. Entity Name**
FAIRLANE HARBOR MOBILE HOME OWNERS ASSOCIATION, INC.**Principal Place of Business**
114 EAST HARBOR DR
VERO BEACH FL 32960
Mailing Address
114 EAST HARBOR DR
VERO BEACH FL 32960**2. Principal Place of Business**
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-2385248Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BROWN CLIFTON B**
114 E. HARBOR DR.
VERO BCH FL 32960 US**7. Name and Address of New Registered Agent**

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 CLIFTON B. BROWN****04/13/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	SD	<input type="checkbox"/> Delete
NAME	BEAKBANE GINETTE	
STREET ADDRESS	141 FLORA LANE	
CITY-ST-ZIP	VERO BEACH, FL 0	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JUDITH F GILBERT	
STREET ADDRESS	18 S HARBOR DR	
CITY-ST-ZIP	VERO BCH FL 32960	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HILDE NIEBUHR	
STREET ADDRESS	120 SILVERY LN	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN CLIFTON B	
STREET ADDRESS	114 E. HARBOR DR.	
CITY-ST-ZIP	VERO BCH FL 32960	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FREDERICK C PAFENBACH	
STREET ADDRESS	205 CORAL LN	
CITY-ST-ZIP	VERO BCH FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEAKBANE GINETTE		
STREET ADDRESS	141 FLORA LANE		
CITY-ST-ZIP	VERO BEACH FL 32960		
TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NIEBUHR HILDE		
STREET ADDRESS	120 SILVERY LANE		
CITY-ST-ZIP	VERO BCH FL 32960		
TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYES EDWARD		
STREET ADDRESS	75 SOUTH HARBOR DR		
CITY-ST-ZIP	VERO BEACH FL 32960		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSS JOSEPH		
STREET ADDRESS	184 CORAL LANE		
CITY-ST-ZIP	VERO BCH FL 32960		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Clifton B. Brown**

TD

04/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)