2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90117 024 ****61.25

DOCUMENT # 748600

1. Entity Name

FAIRVIEW ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6655 ESTERO BLVD. FT. MYERS BEACH FL 33931-4549	6655 ESTERO BLVD. FT. MYERS BEACH FL 33931-4549

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2021017 ☐ 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
BENSON, WILLIAM 6645 ESTERO #205 FORT MYERS BEACH FL 32931	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 William N. Benson 1-23-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
WILLIAM BENSON SECRETARY

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GALLO, ROBERT 6655 ESTERO BLVD #112 FORT MYERS BEACH FL 33931	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITTLEPAGE, THOMAS 6665 ESTERO BLVD # 222 FORT MYERS BEACH FL 33931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENSON, WILLIAM 6645 ESTERO BLVD #205 FORT MYERS BEACH FL 33931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KANIKOWSKI, ROBERT J. 6655 ESTERO BOULEVARD 311 FORT MYERS BEACH FL 33931	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP VD ROBERT MACPHEE 6645 ESTERO BOULEVARD # 101 FORT MYERS BEACH FL 33931	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VENTURO, GENNARO 6665 ESTERO BLVD. #225 FORT MYERS BEACH FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D PATRICIA BOTS 6645 ESTERO BOULEVARD #206 FORT MYERS BEACH FL 33931	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Thomas Littlepage **REQUIRED** 1-23-02 941-463-9538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THOMAS LITTLEPAGE PRESIDENT