

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90141 012 ***150.00

DOCUMENT #

1. Corporation Name

M35821

FAIRHAVEN RESIDENTS ASSOCIATION, INC

Principal Place of Business

Mailing Address

5757-66th. St. N,
Lot 217
St. Petersburg, FL
33709 US

5757-66th. St. N
Lot 217
St. Petersburg, FL
33709 US

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

Sallie A. Engle
Lot 217
5757-66th St. N.
St. Petersburg, FL 33709 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1988

4. FEI Number

59-2899250

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 owes the current year In angible
Personal Property Tax. ☐ Yes ☒ No

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 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

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

NOTE: Registered Agent signature required when reinstating.

DATE

4/14/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT CRETEAU	
STREET ADDRESS:	5757-66th St N, Lot 196	
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILDRED HARRINGTON	
STREET ADDRESS:	5757-66th St. N, Lot 180	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANK SPENCER	
STREET ADDRESS:	5757-66th St. N, Lot 128	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRED KEAST	
STREET ADDRESS:	5757-66th St.N, Lot 53	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEO BERTHIAUME	
STREET ADDRESS:	5757-66th St. N., Lot 34	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	RON BOUDREAU	
STREET ADDRESS:	5757-66th St. N, Lot 122	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	HAROLD ROEBUCK	
14 CITY-ST-ZIP	5757-66th St N, Lot 162	
21 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	FRED HASHEY	
23 STREET ADDRESS	5757-66th St N, Lot 39	
24 CITY-ST-ZIP		
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	HILDA POSEDOWSKI	
33 STREET ADDRESS	5757-66th St. N, Lot 105	
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 607, 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:

Harold Roebuck
Harold Roebuck

4/14/99

Date

4/15/99

Daytime Phone #

CR2E034 (11/98)