

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M85821

1. Entity Name

FAIRHAVEN RESIDENTS ASSOCIATION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90032 030 ***150.00

Principal Place of Business

5757 66 ST N.
LOT 217
ST. PETERSBURG FL 33709
US

Mailing Address

5757 66 ST N.
LOT 217
ST. PETERSBURG FL 33709-1529
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2899250

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ENGLE, SALLIE A
5757 66TH STREET NORTH
LOT 217
ST. PETERSBURG FL 33709

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 SALLIE A. ENGLE, TD

Sallie A. Engle

March 31, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HASHEY, FRED	
STREET ADDRESS	5757 66 ST N. LOT 39	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERTHALLME, LEO	
STREET ADDRESS	5757 66TH STREET NO., LOT 34	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRINGTON, MILDRED	
STREET ADDRESS	5757 66TH STREET NO., LOT 180	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOUDREAU, RON	
STREET ADDRESS	5757 66TH STREET NORTH, LOT 122	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROEBUCK, HAROLD	
STREET ADDRESS	5757 66TH STREET NORTH, LOT 162	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPENCER, FRANK	
STREET ADDRESS	5757 66TH ST. N. LOT 128	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUFF, KENNETH	
STREET ADDRESS	5757 66th St N, Lot 192	
CITY-ST-ZIP	St. Petersburg, FL	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUST, BOB	
STREET ADDRESS	5757 66th St N, Lot 42	
CITY-ST-ZIP	St. Petersburg, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSEDOWSKI, HILDA	
STREET ADDRESS	5757 66th St N, Lot 105	
CITY-ST-ZIP	St. Petersburg, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGLEY, PHILIP	
STREET ADDRESS	5757 66th St N, Lot 138	
CITY-ST-ZIP	St. Petersburg, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEAST, FRED	
STREET ADDRESS	5757 66th St N, Lot 59	
CITY-ST-ZIP	St. Petersburg, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH DUFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

727-544-6318

Date

Daytime Phone #

CR2E034 (9/99)