

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90009 006 ***150.00

DOCUMENT # M85821

1. Entity Name
FAIRHAVEN RESIDENTS ASSOCIATION, INC.

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
US

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 **59-2899250**

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

TO
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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOLZMAN, DICK	
STREET ADDRESS	5757 - 66TH ST N LOT 149	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERTHALLME, LEO	
STREET ADDRESS	5757 66TH STREET NO., LOT 34	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PALMER, ARTHUR	
STREET ADDRESS	5757 - 66TH ST N. LOT 162	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POSEDOWSKI, HILDA	
STREET ADDRESS	5757 66TH STREET NORTH, LOT 122	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HEAD, NANCY	
STREET ADDRESS	5757- 66TH STREET N LOT 211	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEAST, FRED	
STREET ADDRESS	5757 66TH ST. N. LOT 128	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRALL, LES	
STREET ADDRESS	5757-66TH ST. N LOT 118	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLBIGG, Derek	
STREET ADDRESS	5757-66TH ST. N. LOT 133	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNELL, Janet	
STREET ADDRESS	5757-66TH ST. N. LOT 158	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARSENAULT, ALBERT	
STREET ADDRESS	5757-66th St. N LOT 140	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hashey, Fred	
STREET ADDRESS	5757-66th ST. N. - LOT 39	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D-LANGELY, Phil - LOT 138	
STREET ADDRESS	D-WILBUR, ALBERT - LOT 111	
CITY-ST-ZIP	5757-66th ST. N.	
	ST. PETERSBURG, FL 33709	

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: *Lester R. Murrell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02 **727-545-1098**
 Date Daytime Phone #

CR2E034 (9/01)