

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90306 043 ****61.25

DOCUMENT # N37905

1. Entity Name

FELLWOOD ESTATES ASSOCIATION OF OWNERS, INC.

Principal Place of Business

Mailing Address

**2800 FELLWOOD LANE
 MELBOURNE FL 32904**

**2800 FELLWOOD LANE
 MELBOURNE FL 32904**

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 **59-3243783**

Applied 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

7. Name and Address of New Registered Agent

**PATEL, HANK
 2800 FELLWOOD LANE
 MELBOURNE FL 32904**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **EARNHARDT, NEIL**
 STREET ADDRESS **160 NESBITT ST NE**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **DP** Change Addition
 NAME **DAN CHAPMAN**
 STREET ADDRESS **2805 FELLWOOD LANE**
 CITY-ST-ZIP **MELBOURNE, FL-32904**

TITLE **DS** Delete
 NAME **SILVER, SANDI**
 STREET ADDRESS **1030 HOYT CT NE**
 CITY-ST-ZIP **PALM BAY FL**

TITLE Change Addition
 NAME **2725 FELLWOOD LANE**
 STREET ADDRESS **MELBOURNE, FL-32904**

TITLE **DT** Delete
 NAME **PATEL, HANK H**
 STREET ADDRESS **2800 FELLWOOD LANE**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SANDI SILVER

4/17/02

321-795-5216

Date

Daytime Phone #

CR2E037 (9/01)