

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90103 003 \*\*\*\*61.25

**DOCUMENT # N41184**

1. Entity Name

**FAIRWAY COVE OF WELLINGTON HOMEOWNERS ASSOCIATIO**

Principal Place of Business

Mailing Address

4033 KENT AVE.  
 LAKE WORTH FL 33461  
 US

P. O. BOX 6140  
 LAKE WORTH FL 33466-6140  
 US

2. Principal Place of Business

610 Phoenix Mgt.

3. Mailing Address

610 Phoenix Mgt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3082 Jog Road

3082 Jog Road

City & State

City & State

Lake Worth, FL

Lake Worth, FL

Zip

Country

Zip

Country

33467

USA

33467

USA

4. FEI Number

59-3042990

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

PERRY, ROBERT S  
 4033 KENT AVE.  
 LAKE WORTH FL 33461

Name

Gabe Hernandez

Street Address (P.O. Box Number is Not Acceptable)

610 Phoenix Mgt. Serv., Inc.

3082 Jog Road

City

Lake Worth

FL

Zip Code

33467

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

*Gabe Hernandez* 4/10/00

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 NAME STREET ADDRESS CITY-ST-ZIP	DP VP/D SUAREZ, JORGE 2714 GREENSHORE PLACE WELLINGTON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joie Talley 15739 Cypress Creek Lane Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HASTIE, ALEXANDER 13294 GREENSHORE PLACE WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sandra Wiley 13302 Greenshore Place Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GAYES, JOHN 13310 GREENSHORE PALCE WELLINGTON FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jo Matar 2662 Bedford meads Drive Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, FRANK 2617 FAIRWAY COVE CT WELLINGTON FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karen Bergmann 2713 Fairway Cove Court Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Frank Riley*

4/10/00 (561) 964-1550

CR2E037 (9/99)