## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Mar 31, 2000 8:00 am Secretary of State DOCUMENT # N92000000888 1. Entity Name FAIRMONT PROPERTY OWNERS ASSOCIATION, INC. 03-31-2000 90063 027 \*\*\*\*70.00 Mailing Address Principal Place of Business 5295 TOWN CENTER RD 5295 TOWN CENTER RD STE 200 STE 200 BOCA RATON FL 33486 **BOCA RATON FL 33486-1080** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 65-0439975 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CAPLAN, LOUIS 500 AUSTRALIAN AVENUE SOUTH SUITE 600 Zip Code City FL WEST PALM BEACH FL 33401 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 Fiorida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change Addition **VPD** TITLE TITLE Delete KLADEO, MARTIN NAME NAME STREET ADDRESS STREET ADDRESS 10686 FAIRMONT VILLAGE DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33462 Change ☐ Addition **VP** ☐ Delete TITLE TITLE NAME SWITKES, MURIEL W NAME STREET ADDRESS STREET ADDRESS 10855 FAIRMONT VILLAGE DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33469 Change ☐ Addition PD TITLE ☐ Delete TITLE NAME STEINHOLZ, ELAINE NAME STREET ADDRESS STREET ADDRESS 10789 FAIRMONT VILLAGE DR CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME **BLUGSTONE, NORMAN** STREET ADDRESS STREET ADDRESS 10692 FAIRMONT VILLAGE DRIVE CITY-ST-ZIP CITY-ST-ZIP <u>lake worth fl 33467</u> ☐ Change ☐ Addition TITI F Delete TITLE GREENBLATT, IRWIN NAME NAME STREET ADDRESS STREET ADDRESS 10860 FAIRMONT VILLAGE DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKE WORHT FL 33467 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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

Daytime Phone #