2000 UNIFORM BUSINESS REPORT (UBR)

4/17

FILED
May 17, 2000 8:00 am
Secretary of State
04-17-2000 90011 009 ****61.25

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1. Entity Name

FEDHAVEN RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ISLAND OAKS AUDITORIUM FEDHAVEN FL 33854 US	P.O. BOX 8533 FEDHAVEN FL 33854-8533

402991

DO NOT WRITE IN THIS SPACE

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 59-3289430 ☐ 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
COOLEY, BENJAMIN 163 FEDHAVEN CIR FEDHAVEN FL 33854	Name JONES, CATHERINE I. Street Address (P.O. Box Number is Not Acceptable) 131 ~~Oak~~ Club DR. City FEDHAVEN FL Zip Code 33854

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 Catherine I. Jones President 4/3/00
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	P COOLEY, BENJAMIN PO BOX 8533 FEDHAVEN FL 33854	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CURRAN~~ VP CURRAN P.O. Box 8533 FEDHAVEN FL 33854	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAINEY, NORMAN P.O. BOX 8533 FEDHAVEN FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SMITH, PATRICIA~~ SD SMITH, PATRICIA P.O. Box 8533 FEDHAVEN, FL.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COOLEY, SALLY P.O. BOX 8533 N/A FEDHAVEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LAMBIASE, RICHARD P.O. Box 8533 FEDHAVEN, FL.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JONES, CATHERINE I.. P.O. BOX 8533 N/A FEDHAVEN FL 33854	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~[illegible]~~ ~~[illegible]~~ ~~FEDHAVEN, FL.~~	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOOTHACHER, CLIFFORD PO BOX 8533 FEDHAVEN FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATRICK, ROBERT P.O. Box 8533 FEDHAVEN, FL.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARQUARDT, BARBARA P.O. BOX 8533N/A FEDHAVEN FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ RAYMOND, EDIE P.O. Box 8533 FEDHAVEN, FL.	☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED Catherine I. Jones President 4/3/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #