

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001842

1. Entity Name

FAIRFIELD WATER WORKS HOME OWNERS ASSOCIATION, I
NC.

Principal Place of Business

7895 W. HWY 316
FAIRFIELD FL 32634

Mailing Address

P.O. BOX 623
FAIRFIELD FL 32634

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

59-3561461

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONE, LUTHER H
7895 W. HWY 316
FAIRFIELD FL 32634

7. Name and Address of New Registered Agent

Name Loretta Thigpin
Street Address (P.O. Box Number is Not Acceptable)
7845 W. Hwy 329
City Fairfield FL Zip Code 32634

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 Loretta Thigpin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 20, 2002

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

TITLE D ☒ Delete
NAME CONE, LUTHER H
STREET ADDRESS 7895 W. HWY 316
CITY-ST-ZIP FAIRFIELD FL 32634

TITLE D ☐ Delete
NAME GUINN, INEZ
STREET ADDRESS P.O. BOX 703
CITY-ST-ZIP FAIRFIELD FL 32634

TITLE D ☐ Delete
NAME CORDWIN, BRENDA
STREET ADDRESS P.O. BOX 691
CITY-ST-ZIP FAIRFIELD FL 32634

TITLE D ☐ Delete
NAME BROWN, LOIS
STREET ADDRESS P.O. BOX 743
CITY-ST-ZIP FAIRFIELD FL 32634

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Loretta Thigpin
STREET ADDRESS 7845 W. Hwy 329
CITY-ST-ZIP Fairfield FL 32634

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(f), Florida Statutes, 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: Loretta Thigpin

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Feb 20, 2002 352 591-1825

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)