

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED  
Amended

DOCUMENT # 199000001842

1. Entity Name

FAIRFIELD WATER WORKS HOME OWNERS  
ASSOCIATION, INC.

02 MAR 25 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7895 NW Hwy 316,  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 623  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FAIRFIELD, FL

City & State

FAIRFIELD, FL

4. FEI Number

59-3561461

Applied For

Not Applicable

Zip

32634

Country

MARION

Zip

32634

Country

MARION

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LUTHER H. (L.H.) CONE

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

7895 NW Hwy 316 (P.O. Box 623)

City

FAIRFIELD

FL

Zip Code

32634

**DO NOT WRITE  
IN THIS SPACE**

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

Luther H. Cone (L.H.) CONE

03 22 02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LUTHER H. (L.H.) CONE = P/M  
7895 NW Hwy 316  
FAIRFIELD, FL 32634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LARRY D. SHAFFER = S/D  
7895 NW Hwy 316  
FAIRFIELD, FL 32634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800005195528--6  
-04/05/02--01052--004  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Brenda CORDWIN-TRUSTEE  
7838 NW Hwy 316  
FAIRFIELD, FL 32634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CAROL ALBRITTON = TRUSTEE  
15101 79 Ct.  
FAIRFIELD, FL 32634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE X Luther H. Cone (L.H.) Cone

3 22 02

352-591-2628

CR2E037B (12/01)

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IN THIS SPACE**