FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717442 (8)

1. Corporation Name
FAIRVIEW ASSOCIATION II AND III, INC.

Principal Place of Business	Mailing Address
2501-2525 WEST GOLF BLVD POMPANO BEACH FL 33064	2501-2525 WEST GOLF BLVD POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1969
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-1967711 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

HUBERT, JOSEPH A.
2400 E COMMERCIAL BVLD.
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KLIPPEL, BERNARD	1.2 NAME	Candlish, Janet Rae	
STREET ADDRESS	2525 W GOLF BLVD	1.3 STREET ADDRESS	2525 W. Golf Blvd.	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Pompano Beach, FL	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	CANDLISH , JANET RAE	2.2 NAME	Malko, Frances	
STREET ADDRESS	2525 W GOLF BLVD.	2.3 STREET ADDRESS	2525 W. Golf Blvd.	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Pompano Beach, FL	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	BEEBE, LOIS C.	3.2 NAME		
STREET ADDRESS	2501 W GOLF BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	COCO, SANTO J	4.2 NAME	BAYES, HELEN J.	
STREET ADDRESS	2525 W.GOLF BLVD.	4.3 STREET ADDRESS	2501 W GOLF BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITTEMORE, HOWARD	5.2 NAME		
STREET ADDRESS	2525 W GOLF BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	COTRONEO, EILEEN	6.2 NAME		
STREET ADDRESS	2525 W GOLF BLVD	6.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet Rae Candlish JANET RAE CANDLISH 1/31/95 (305)782-5476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #