

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



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

3. Date Incorporated or Qualified

10/27/1969

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORNER, HOWARD S P.A.
2855 UNIVERSITY DR
STE. 110
CORAL SPRINGS FL 33065**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANDLISH, JANET RAE	1.2 NAME	
STREET ADDRESS	2525 W. GOLF BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALKO, FRANCES	2.2 NAME	WHITTEMORE, HOWARD
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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYES, HELEN J	4.2 NAME	ATKINSON, HELEN
STREET ADDRESS	2501 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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBBITT, JEANNE	6.2 NAME	
STREET ADDRESS	2525 W. GOLF BLVD. #220	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	

14. 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 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

4/27/98

954-782-5476

CR2E037 (10/97)