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 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749753** **(0)**

1. Corporation Name
FAIRVIEW VISTA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 W STATE RD 434 SUITE 5000 LONGWOOD FL 32779	2180 W STATE RD 434 SUITE 5000 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1979**
3a. Date of Last Report: **03/24/1994**
4. FEI Number: **59-2021943** ☐ 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

21 Principal Place of Business	22 Suite, Apt. #, etc	23 City & State	24 Zip	25 Country

26 Mailing Address	27 Suite, Apt. #, etc	28 City & State	29 Zip	30 Country

9. Name and Address of Current Registered Agent

HART, JAMES W. JR.
SENTRY MANAGEMENT, INC.
2180 W. S.R. 434, SUITE 5000
LONGWOOD FL 32779

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~~	11 TITLE	STD	☒ Change ☐ Addition
NAME	~~TUELL, PHYLLIS~~	12 NAME	MILLER, GLENN	
STREET ADDRESS	~~4109 FAIRVIEW VISTA PT #313~~	13 STREET ADDRESS	4113 FAIRVIEW VISTA PT #311	
CITY ST ZIP	~~ORLANDO FL~~	14 CITY ST ZIP	ORLANDO FL	
TITLE	~~STD~~	21 TITLE	VD	☒ Change ☐ Addition
NAME	DODSON, DON	22 NAME		
STREET ADDRESS	4105 FAIRVIEW VISTA PT. #221	23 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP		
TITLE	~~VD~~	31 TITLE	PD	☒ Change ☐ Addition
NAME	HARLOS, LAWRENCE	32 NAME		
STREET ADDRESS	4101 FAIRVIEW VISTA PT., #231	33 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP		
TITLE	~~D~~	41 TITLE	D	☒ Change ☐ Addition
NAME	~~NOVAK, JAMES~~	42 NAME	CURTIS, JOHN	
STREET ADDRESS	~~4109 FAIRVIEW VISTA PT. #119~~	43 STREET ADDRESS	4101 FAIRVIEW VISTA PT #229	
CITY ST ZIP	~~ORLANDO FL~~	44 CITY ST ZIP	ORLANDO FL	
TITLE	~~D~~	51 TITLE	D	☒ Change ☐ Addition
NAME	~~BRYANT, DIANE~~	52 NAME	SCHMOYER, CHARLES	
STREET ADDRESS	~~4109 FAIRVIEW VISTA PT. #314~~	53 STREET ADDRESS	4101 FAIRVIEW VISTA PT #333	
CITY ST ZIP	~~ORLANDO FL~~	54 CITY ST ZIP	ORLANDO FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Lawrence Harlos LAWRENCE HARLOS 2/22/95 407-827-4225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000813