

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749753 (0)
1. Corporation Name
FAIRVIEW VISTA CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**2180 W STATE RD 434
SUITE 5000
LONGWOOD FL 32779**

3. Date Incorporated or Qualified
11/13/1979

3a. Date of Last Report
05/01/1995

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**

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

City & State
23

Zip
24

Country
25

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STD	<input type="checkbox"/> DELETE		1.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, GLENN			1.2 NAME			
STREET ADDRESS	4113 FAIRVIEW VISTA PT #311			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DODSON, DON			2.2 NAME			
STREET ADDRESS	4105 FAIRVIEW VISTA PT. #221			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HARLOS, LAWRENCE			3.2 NAME	SCHWEITZER, LOUISE		
STREET ADDRESS	4101 FAIRVIEW VISTA PT., #231			3.3 STREET ADDRESS	4101 FAIRVIEW VISTA PT #230		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	ORLANDO FL 32804		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CURTIS, JOHN			4.2 NAME	CLARKSON, DAVID		
STREET ADDRESS	4101 FAIRVIEW VISTA PT #229			4.3 STREET ADDRESS	4113 FAIRVIEW VISTA PT #209		
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP	ORLANDO FL 32804		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHMOYER, CHARLES			5.2 NAME	REEVES, JO J		
STREET ADDRESS	4101 FAIRVIEW CISTA PT #333			5.3 STREET ADDRESS	4105 FAIRVIEW VISTA PT #326		
CITY-ST-ZIP	ORLANDO FL			5.4 CITY-ST-ZIP	ORLANDO FL 32804		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOUISE SCHWEITZER
Date: 4/9/96
Daytime Phone #

CR2E037 (12/95)