

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 # **N16513** (6)

1. Corporation Name

FAIRVIEW ESTATES OF CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2424 N. ESSEX AVENUE
HERNANDO FL 34442
US

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HERNANDO FL 34442
US

3. Date Incorporated or Qualified
08/25/1986

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2732310

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COX, ALVAH L., CPA, P.A.
2424 N. ESSEX AVENUE
HERNANDO FL 34442**

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 317.0503, 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	P	<input type="checkbox"/> DELETE
NAME	KOWALSKI, CHARLES	
STREET ADDRESS	3555 N ANNAPOLIS AVENUE	
CITY-ST-ZIP	HERNANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BODY, JOSEPH	
STREET ADDRESS	886 E WHITECLOUD LANE	
CITY-ST-ZIP	HERNANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOLMES, PAT	
STREET ADDRESS	4405 N INDIANHEAD ROAD	
CITY-ST-ZIP	HERNANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RIDGE, HELEN	
STREET ADDRESS	4367 N INDIANHEAD ROAD	
CITY-ST-ZIP	HERNANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, WILLIAM	
STREET ADDRESS	4250 N INDIANHEAD RD	
CITY-ST-ZIP	HERNANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBONS, JOHN	
STREET ADDRESS	3981 N INDIANHEAD RD	
CITY-ST-ZIP	HERNANDO FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALTER CARPENTER	
2.3 STREET ADDRESS	3965 N. MONADNOCK RD.	
2.4 CITY-ST-ZIP	HERNANDO, FL 34442	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARY MILLER	
4.3 STREET ADDRESS	4035 N. RINGWOOD CIRCLE	
4.4 CITY-ST-ZIP	HERNANDO, FL 34442	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PAUL CONNELLY	
5.3 STREET ADDRESS	4178 N. LONGVALLEY RD.	
5.4 CITY-ST-ZIP	HERNANDO, FL 34442	
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *John F. Gibbons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN F. GIBBONS - PRESIDENT

4/4/96 352X 860-0352

Date Daytime Phone #

CR2E037 (12/95)