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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16513 (6)

1. Corporation Name
FAIRVIEW ESTATES OF CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 2424 N. ESSEX AVENUE HERNANDO FL 34442 US	Mailing Address 2424 N. ESSEX AVENUE HERNANDO FL 34442-5320 US
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3. Date Incorporated or Qualified 08/25/1986	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2732310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COX, ALVAH L., CPA, P.A. 2424 N. ESSEX AVENUE HERNANDO FL 34442				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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<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	CARPENTER, WALTER	
STREET ADDRESS	3985 N MONADNOCK RD	
CITY-ST-ZIP	HERNANDO FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOLMES, PAT	
STREET ADDRESS	4405 N INDIANHEAD ROAD	
CITY-ST-ZIP	HERNANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILLER, MARY	
STREET ADDRESS	4035 N RINGWOOD CIRCLE	
CITY-ST-ZIP	HERNANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONNELLY, PAUL	
STREET ADDRESS	4178 N LONGVALLEY RD	
CITY-ST-ZIP	HERNANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GIBBONS, JOHN	
STREET ADDRESS	3981 N INDIANHEAD RD	
CITY-ST-ZIP	HERNANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THELMA MACKEL	
1.3 STREET ADDRESS	4014 N. RINGWOOD CIRCLE	
1.4 CITY-ST-ZIP	HERNANDO FL 34442	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACKIE DAVIS	
2.3 STREET ADDRESS	4120 N. RINGWOOD CIRCLE	
2.4 CITY-ST-ZIP	HERNANDO FL 34442	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT MENARD	
3.3 STREET ADDRESS	4000 N. INDIANHEAD RD	
3.4 CITY-ST-ZIP	HERNANDO FL 34442	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHeldon DAVIDSON	
5.3 STREET ADDRESS	3976 N. EISENHOWER AVE.	
5.4 CITY-ST-ZIP	HERNANDO FL 34442	
6.1 TITLE	D	<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 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.

ROBERT MENARD
President

CR2E037 (9/96)