

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> 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 <b>2424 N. ESSEX AVENUE HERNANDO FL 34442 US</b>	Mailing Address <b>2424 N. ESSEX AVENUE HERNANDO FL 34442 US</b>
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3. Date Incorporated or Qualified <b>08/25/1986</b>		
4. FEI Number <b>59-2732310</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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	85. Zip Code

**FL**

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KOWALSKI, CHARLES</b>	
STREET ADDRESS	<b>3555 N ANNAPOLIS AVENUE</b>	
CITY-ST-ZIP	<b>HERNANDO FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>CARPENTER, WALTER</b>	
STREET ADDRESS	<b>3965 N MONADNOCK RD</b>	
CITY-ST-ZIP	<b>HERNANDO FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MENARD, ROBERT</b>	
STREET ADDRESS	<b>4000 N INDIAN HEAD RD</b>	
CITY-ST-ZIP	<b>HERNANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, MARY</b>	
STREET ADDRESS	<b>4035 N RINGWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>HERNANDO FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIDSON, SHELDON</b>	
STREET ADDRESS	<b>3976 N EISENHOWER AVE</b>	
CITY-ST-ZIP	<b>HERNANDO FL</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GIBBONS, JOHN</b>	
STREET ADDRESS	<b>3961 N INDIANHEAD RD</b>	
CITY-ST-ZIP	<b>HERNANDO FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JAMES CAAPER</b>	
1.3 STREET ADDRESS	<b>4357 N. INDIANHEAD RD</b>	
1.4 CITY-ST-ZIP	<b>HERNANDO FL 34442</b>	
2.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ROBERT DAVIS</b>	
2.3 STREET ADDRESS	<b>4120 N. RINGWOOD CIRCLE</b>	
2.4 CITY-ST-ZIP	<b>HERNANDO, FL 34442</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>KAREN JOHANNES</b>	
3.3 STREET ADDRESS	<b>4143 N. MAYAN DRIVE</b>	
3.4 CITY-ST-ZIP	<b>HERNANDO, FL 34442</b>	
4.1 TITLE	<b>BD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>THELMA MACKEL</b>	
4.3 STREET ADDRESS	<b>4014 RINGWOOD CIRCLE</b>	
4.4 CITY-ST-ZIP	<b>HERNANDO, FL 34442</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>BETSEY SCHUSTER</b>	
5.3 STREET ADDRESS	<b>4060 N. INDIANHEAD RD</b>	
5.4 CITY-ST-ZIP	<b>HERNANDO, FL 34442</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 amendment with an address.

SIGNATURE: *[Handwritten Signature]* x *[Handwritten Signature]* x 3/13/98 x 726 5853

CR2E037 (10/97)