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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16513

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 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/25/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2732310
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOWALSKI, CHARLES	
STREET ADDRESS	3555 N ANNAPOLIS AVENUE	
CITY-ST-ZIP	HERNANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, WALTER	
STREET ADDRESS	3965 N MONADNOCK RD	
CITY-ST-ZIP	HERNANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARPER, JAMES	
STREET ADDRESS	4357 N INDIANHEAD RD	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, MARY	
STREET ADDRESS	4035 N RINGWOOD CIRCLE	
CITY-ST-ZIP	HERNANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVIDSON, SHELDON	
STREET ADDRESS	3976 N EISENHOWER AVE	
CITY-ST-ZIP	HERNANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, ROBERT	
STREET ADDRESS	4120 N RINGWOOD CIRCLE	
CITY-ST-ZIP	HERNANDO FL 34442	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<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	DIANE STOUGHTON	
2.3 STREET ADDRESS	3600 N. ANNAPOLIS AVE.	
2.4 CITY-ST-ZIP	HERNANDO, FL 34442	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KAREN JOHANNES	
3.3 STREET ADDRESS	4143 N. MAYAN DR.	
3.4 CITY-ST-ZIP	HERNANDO, FL 34442	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BETSEY SCHUSTER	
4.3 STREET ADDRESS	4060 N INDIANHEAD RD	
4.4 CITY-ST-ZIP	HERNANDO FL 34442	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ERNIG ZELLNER	
5.3 STREET ADDRESS	4255 N. INDIANRIVER DR.	
5.4 CITY-ST-ZIP	HERNANDO FL 34442	
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GARY CARLE	
6.3 STREET ADDRESS	3888 N BAYWOOD DR.	
6.4 CITY-ST-ZIP	HERNANDO FL 34442	

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 attachment with an address, with all other like empowered.

SIGNATURE: *X* **SIGNATURE REQUIRED** *X* 3/4/99 *X* 3527461400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)