


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N16513</b>					
1. Entity Name FAIRVIEW ESTATES OF CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2450 N CITRUS HILLS BLVD HERNANDO, FL 34442 US			Mailing Address 2450 N CITRUS HILLS BLVD HERNANDO, FL 34442 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Country		
Zip			Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TRINGALI, MICHAEL J JOSEPH & COMPANY CPA'S, INC. 2450 N CITRUS HILLS BLVD. HERNANDO, FL 34442				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARPENTER, WALTER		NAME	U00000077964	
STREET ADDRESS	3965 N. MONACKNOCK RD.		STREET ADDRESS	03/08/04-800008-020 61.25	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORISI, AL		NAME		
STREET ADDRESS	698 E FORESTHILL PL		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANGE, BARBARA		NAME		
STREET ADDRESS	1057 E. MORNINGSTAR LANE		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAZZONE, JOHN		NAME		
STREET ADDRESS	1751 N TRADEWIND DR		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERGUSON, CHUCK		NAME		
STREET ADDRESS	40661 N. LONG VALLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, ED		NAME		
STREET ADDRESS	4161 N LONGVALLEY RD		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Edgar M. Lewis</i> EDGAR M. LEWIS		Date: 03/02/2004		Daytime Phone #: (352) 637-362	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					