


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90018 038 \*\*\*\*61.25

<b>DOCUMENT # N16513</b> 1. Entity Name <b>FAIRVIEW ESTATES OF CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.</b>				37. Applied For Not Applicable	
Principal Place of Business 2450 N CITRUS HILLS BLVD HERNANDO FL 34442 US		Mailing Address 2450 N CITRUS HILLS BLVD HERNANDO FL 34442 US		1st MOORE CR2E037 (10/06)	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2732310	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Name and Address of Current Registered Agent TRINGALI, MICHAEL J JOSEPH & COMPANY CPA'S, INC. 2450 N CITRUS HILLS BLVD. HERNANDO FL 34442	
7. Name and Address of New Registered Agent Name: Hugh Phillips Street Address (P.O. Box Number is Not Acceptable): Joseph Community Management, LLC 2450 N. Citrus Hills Blvd. City: Hernando FL Zip Code: 34442		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: <i>Hugh Phillips, CAM</i> <i>Michael J. Tringali, CPA, CAM</i> 3/5/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE:			
FILE NOW: FEE IS \$81.25 Due By May 1, 2007		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		
IIII NAME: SOBELMAN, KARIN STREET ADDRESS: 4120 N. RINGWOOD CIRCLE CITY-STATE-ZIP: HERNANDO FL 34442	<input type="checkbox"/> Delete	IIII NAME: Dolan, Kenneth STREET ADDRESS: 4348 N. Longvalley Rd CITY-STATE-ZIP: HERNANDO, FL 34442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
IIII NAME: MOORE, THOMAS JR STREET ADDRESS: 3939 N. LONGVALLEY ROAD CITY-STATE-ZIP: HERNANDO FL 34442	<input type="checkbox"/> Delete	IIII NAME: Jim PELTZER STREET ADDRESS: 4157 N. IND. RIVER DR CITY-STATE-ZIP: HERNANDO, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
IIII NAME: LITTLEFIELD, RALPH STREET ADDRESS: 4058 LITTLE DOVE TERR CITY-STATE-ZIP: HERNANDO FL 34442	<input type="checkbox"/> Delete	IIII NAME: Thomas Murphy STREET ADDRESS: 4314 N. The Sawtooth Rd. HERNANDO, FL 34442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
IIII NAME: KELLER, BARBARA STREET ADDRESS: 1084 E. MORNINGSTAR LANE CITY-STATE-ZIP: HERNANDO FL 34442	<input checked="" type="checkbox"/> Delete	IIII NAME: George Marks STREET ADDRESS: 525 E FORESTHILL PL HERNANDO, FL 34442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
IIII NAME: KOVELESKI, DAVID STREET ADDRESS: 4055 N. RINGWOOD CIRCLE CITY-STATE-ZIP: HERNANDO FL 34442	<input type="checkbox"/> Delete	IIII NAME: Walter Coepert Jr STREET ADDRESS: 3965 N. Mandeville Rd. HERNANDO, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
IIII NAME: KOPP, JEFFERY D STREET ADDRESS: 4015 N. RINGWOOD CIRCLE CITY-STATE-ZIP: HERNANDO FL 34442	<input checked="" type="checkbox"/> Delete	IIII NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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>Fairview Association</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-08-07 Date		637-1306 Daytime Phone #	