

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 AM 10:48

DOCUMENT # N16954 (2)
1. Corporation Name
FAIRVIEW PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
**1603 WEATHERFORD DR.
SUN CITY CENTER FL 33571-2558
US** **PO BOX 5558
SUN CITY CENTER FL 33571-2558
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/23/1986** 3a. Date of Last Report **01/25/1994**
4. FEI Number **59-2860803** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1622 Woodmar Drive** 26
Suits, Apt. #, etc. Suits, Apt. #, etc.
22 City & State 27 City & State
23 **Sun City Center, FL** 28
Zip Country Zip Country
24 **33573** 25 **Hillsborough** 29 **33573** 30

9. Name and Address of Current Registered Agent
**GORDON, HERBERT S.
1001 ARDMORE WAY
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent
81 Name **HARVEY KEMPKE**
82 Street Address (P.O. Box Number is Not Acceptable) **1004 ARDMORE WAY**
83
84 City **SUN CITY CENTER FL** 85 Zip Code **33573**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **HARVEY KEMPKE** *Harvey Kempke* **MAR 30, 1995**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when nonstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENOIT, ALBERT N.
STREET ADDRESS	1003 ATHENS WAY
CITY - ST - ZIP	SUN CITY CENTER FL
TITLE	PD
NAME	WOOD, BETTY JANE
STREET ADDRESS	1603 WEATHERFORD DRIVE
CITY - ST - ZIP	SUN CITY CENTER FL
TITLE	T
NAME	GORDON, HERBERT S.
STREET ADDRESS	1001 ARDMORE WAY
CITY - ST - ZIP	SUN CITY CENTER FL
TITLE	D
NAME	MORRIS, WILLIAM
STREET ADDRESS	1019 ARDMORE WAY
CITY - ST - ZIP	SUN CITY CENTER FL
TITLE	D
NAME	WHITNEY, GORDON
STREET ADDRESS	1001 WOODMAR DRIVE
CITY - ST - ZIP	SUN CITY CENTER FL
TITLE	VD
NAME	ENGELEN, THEODORE A.
STREET ADDRESS	1815 WEATHERFORD DRIVE
CITY - ST - ZIP	SUN CITY CENTER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	DELETE
1.4 CITY - ST - ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	DELETE
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. *Harvey A. Kempke*

SIGNATURE: **Harvey A. Kempke, Treasurer** *Harvey A. Kempke* **1-27-95** **813-634-1149**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Fairview Property Owners' Association, Inc.

P. O. Box 5558
Sun City Center, Florida 33571-5558

For Attachment to Annual Corporation Report 1995:

Block 12. Officers & Directors

Block 13. Additions/Changes to Officers and Directors in 12

Title S
Name Baird, Marie L.
Street Address 1631 Woodmar Drive
City, State, ZIP Sun City Center, FL 33573

Change Addition

DELETE

Title D
Name Griffeth, Olga C
Street Address 1615 Woodmar Drive
City, State, ZIP Sun City Center, FL 33573

Change Addition

DELETE

Title D
Name Krause, Jean A.
Street Address 1015 Ardmore Way
City, State, ZIP Sun City Center, FL 33573

Title P/D
Name Haller, Christian J.
Street Address 1622 Woodmar Drive
City, State, ZIP Sun City Center, FL 33573

Change Addition

Title V/D
Name Pater, B. Vincent
Street Address 1613 Woodmar Drive
City, State, ZIP Sub City Center, FL 33573

Change Addition

Title T
Name Kempke, Harvey A.
Street Address 1004 Ardmore Way
City, State, ZIP Sun City Center, FL 33573

Change Addition

Title S
Name Kolena, Dorothy R
Address 1607 Woodmar Drive
City, State, ZIP Sun City Center, FL 33573

Change Addition

Title D
Name Sipe, William U.
Street Address 1015 Ardmore Way
City, State, ZIP Sun City Center, FL 33573

Change Addition

DELETE