

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: 1622 WOODMAR DR, SUN CITY CENTER FL 33573, US
Mailing Address: PO BOX 5558, SUN CITY CENTER FL 33571-2558, US

3. Date Incorporated or Qualified: 09/23/1986
3a. Date of Last Report: 04/07/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-2860803	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			<input type="checkbox"/>	
24	25	29	30	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	JEAN KRAUSE DIR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, BETTY JANE	1.2 NAME	1013 ARDMORE WAY
STREET ADDRESS	1603 WEATHERFORD DRIVE	1.3 STREET ADDRESS	SUN CITY CENTER FL
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	33573
TITLE	D DELETE	2.1 TITLE	JUNE LOVE DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, WILLIAM	2.2 NAME	1505 WEATHERFORD
STREET ADDRESS	1019 ARDMORE WAY	2.3 STREET ADDRESS	SUN CITY CENTER FL
CITY-ST-ZIP	SUN CITY CENTER FL	2.4 CITY-ST-ZIP	33573
TITLE	D DELETE	3.1 TITLE	AL CATOGGIO DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITNEY, GORDON	3.2 NAME	1629 WOODMAR
STREET ADDRESS	1801 WOODMAR DRIVE	3.3 STREET ADDRESS	SUN CITY CENTER FL
CITY-ST-ZIP	SUN CITY CENTER FL	3.4 CITY-ST-ZIP	33573
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	JACK O'LEARY DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGELN, THEODORE A.	4.2 NAME	1627 WOODMAR
STREET ADDRESS	1615 WEATHERFORD DRIVE	4.3 STREET ADDRESS	SUN CITY CENTER
CITY-ST-ZIP	SUN CITY CENTER FL 33573	4.4 CITY-ST-ZIP	33573
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS HALLER PRES.	5.2 NAME	
STREET ADDRESS	1622 WOODMAR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINIE PATER V. PRES.	6.2 NAME	
STREET ADDRESS	1613 WOODMAR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **HARVEY KEMPKE** *Harvey Kempke* 1/25/94 (813) 634-1149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)