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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33571-5558 US
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3. Date Incorporated or Qualified 09/23/1986	3a. Date of Last Report 01/31/1996
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2. Principal Place of Business 21 1004 ARDMORE Suite, Apt. #, etc. - City & State 23 Sun City Center, FL Zip 33573 Country Hillsborough	2a. Mailing Address 26 PO BOX 5558 Suite, Apt. #, etc. 27 PO BOX 5558 City & State 28 SUN CITY CENTER, FL Zip 33571-5558 Country Hillsborough
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4. FEI Number 59-2860803	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	KRAUSE, JEAN 1013 ARDMORE WAY SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Delete
TITLE D	LOVE, JUNE 1505 WEATHERFORD SUN CITY CENTER FL 33573 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	CATOGGIO, AL 1629 WOODMAR SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Delete
TITLE D	ENGELN, THEODORE A 1615 WEATHERFORD DRIVE SUN CITY CENTER FL 33573 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V
TITLE P	HALLER, CHRIS 1622 WOODMAR SUN CITY CENTER FL 33573 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D
TITLE VP	PATER, VINCE 1613 WOODMAR SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Delete

14. I do 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.

SIGNATURE: **ARTHUR D. LOVE, TREASURER** **Arthur D. Love** 3/31/97 813-633-8522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046332

CR2E037 (9/96)

Fairview Property Owners' Association, Inc.

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

For Attachment to Annual Corporation Report 1997:

Block 12. Officers & Directors

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

Title	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Name	Kempke, Harvey	
Street Address	1004 Ardmore	
City, State, Zip	Sun City Center, FL 33573	
Title	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Welss, Nancy	
Street Address	1619 Woodmar	
City, State, Zip	Sun City Center, FL 33573	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Carder, Ann	
Street Address	1602 Woodmar	
City, State, Zip	Sun City Center, FL 33573	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Hotzfeld, Bill	
Street Address	1603 Woodmar	
City, State, Zip	Sun City Center, FL 33573	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Love, June	
Street Address	1505 Weatherford	
City, State, Zip	Sun City Center, FL 33573	
Title	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Love, Arthur	
Street Address	1505 Weatherford	
City, State, Zip	Sun City Center, FL 33573	