

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1004 ARDMORE SUN CITY CENTER FL 33573 US</b>	Mailing Address <b>PO BOX 5558 SUN CITY CENTER FL 33571-2558 US</b>
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3. Date Incorporated or Qualified <b>09/23/1986</b>	
4. FEI Number <b>59-2860803</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input 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

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KEMPKE, HARVEY</b>	1.2 NAME	<b>PICCIRILLI, JOSEPH</b>
STREET ADDRESS	<b>1004 ARDMORE</b>	1.3 STREET ADDRESS	<b>1615 WOODMAR</b>
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	1.4 CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISS, NANCY</b>	2.2 NAME	
STREET ADDRESS	<b>1619 WOODMAR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARDER, ANN</b>	3.2 NAME	<b>KLEMME, ROLAND</b>
STREET ADDRESS	<b>1602 WOODMAR</b>	3.3 STREET ADDRESS	<b>1606 WOODMAR</b>
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	3.4 CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOTZFELD, BILL</b>	4.2 NAME	<b>PORTER, HARRY</b>
STREET ADDRESS	<b>1603 WOODMAR</b>	4.3 STREET ADDRESS	<b>1017 ARDMORE</b>
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	4.4 CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOVE, JUNE</b>	5.2 NAME	<b>ENGELEN, THEODORE A</b>
STREET ADDRESS	<b>1505 WEATHERFORD</b>	5.3 STREET ADDRESS	<b>1615 WEATHERFORD DRIVE</b>
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	5.4 CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOVE, ARTHUR</b>	6.2 NAME	<b>HALLER, CHRIS</b>
STREET ADDRESS	<b>1505 WEATHERFORD</b>	6.3 STREET ADDRESS	<b>1622 WOODMAR</b>
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	6.4 CITY-ST-ZIP	<b>SUN CITY CTR, FL 33573</b>

14. I 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* **2-6-98** **8136338522**

CR2E037 (10/97)