

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90033 014 ****61.25

DOCUMENT # N16954

1. Entity Name

FAIRVIEW PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

**1004 ARDMORE
 SUN CITY CENTER FL 33573
 US**

Mailing Address

**PO BOX 5558
 SUN CITY CENTER FL 33571-5558
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2860803

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTER, HARRY
 1017 ARDMORE WAY
 SUN CITY CENTER FL 33573**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **PICCIRILLI, JOSEPH**
 STREET ADDRESS **1615 WOODMAR DRIVE**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **SD** Change Addition
 NAME **Piccirilli, Betty**
 STREET ADDRESS **1615 Woodmar Drive**
 CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE **D** Delete
 NAME **COOK, HAROLD E**
 STREET ADDRESS **1021 ARDMORE WAY**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **PD** Change Addition
 NAME **Weiss, Nancy**
 STREET ADDRESS **1619 Woodmar Drive**
 CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE **D** Delete
 NAME **CARDER, ANN**
 STREET ADDRESS **1602 WOODMAR**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **D** Change Addition
 NAME **Foster, Ed**
 STREET ADDRESS **1617 Woodmar Drive**
 CITY-ST-ZIP **Sun City Center, FL33573**

TITLE **D** Delete
 NAME **HOTZFELD, BILL**
 STREET ADDRESS **1603 WOODMAR**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **SD** Change Addition
 NAME **Pater, Sherry**
 STREET ADDRESS **1613 Woodmar Drive**
 CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE **DV** Delete
 NAME **KLEMM, ROLAND**
 STREET ADDRESS **1606 WOODMAR**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **PORTER, HARRY**
 STREET ADDRESS **1017 ARDMORE**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Nancy Weiss
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

3/14/2000