

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90076 006 \*\*\*\*61.25

DOCUMENT # N16954

1. Entity Name  
 FAIRVIEW PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business  
 409 E COLLEGE AVE  
 RUSKIN, FL 33570 US

Mailing Address  
 PO BOX 1058  
 RUSKIN, FL 33575 US

50027945



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02082005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 59-2860803

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WILSON, LOW ELLEN  
 409 E COLLEGE AVE  
 RUSKIN, FL 33570

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	FUSIA, ED	
STREET ADDRESS	1615 WOODMAR DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BUFORD, NUNN	
STREET ADDRESS	1611 WOODMAR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	WEISS, NANCY	
STREET ADDRESS	1619 WOODMAR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LLOYD, DAVID	
STREET ADDRESS	1505 WEAMIR RD	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KEMPER, HARVEY	
STREET ADDRESS	1004 ARDMORR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>D/S</i> JOHN MORRIS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>O/T</i> TONY TOPICZ	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>HARVEY KEMPE</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*  
 Ed Fusia, President

Date: 3-11-05  
 Daytime Phone #: 813-633-4119