


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90239 050 \*\*\*\*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**

40032601



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03042006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2860803**

Applied For  
 Not Applicable

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, 2006**

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	DS	<input type="checkbox"/> Delete
NAME	MORRIS, JOHN	
STREET ADDRESS	1615 WOODMAR DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TOPICZ, TONY	
STREET ADDRESS	1611 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 checked="" type="checkbox"/> Delete
NAME	KEMPKE, HARVEY	
STREET ADDRESS	1004 ARDMORR	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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/P Ed Fusia</i>	
STREET ADDRESS	<i>1615 WEATHERFORD DR.</i>	
CITY-ST-ZIP	<i>SUN CITY CENTER, FL 33573</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 exemptions contained in Chapter 119, 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:** *Ed Fusia* **3-10-06** **(813) 645-1529**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Ed Fusia*