

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42800 (5) 1. Corporation Name FAIRVIEW OF ATLANTIS HOMEOWNERS ASSOCIATION, INC					
Principal Place of Business 193 ORANGE TREE DR. ATLANTIS FL 33462			Mailing Address 193 ORANGE TREE DR. ATLANTIS FL 33462		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/03/1991 4. FEI Number 65-0262243 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent KNEELAND, A.G. 193 ORANGE TREE DR. ATLANTIS FL 33462				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	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	BILLIES, DICKSON		1.2 NAME		
STREET ADDRESS	189 ORANGE TREE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL 33462		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	BRINKMAN, HERMAN DR		2.2 NAME		
STREET ADDRESS	205 ORANGE TREE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL 33462		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	KNEELAND, ALLEN		3.2 NAME		
STREET ADDRESS	193 ORANGE TREE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL 33462		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: G. KNEELAND 1-12-98 561 7657633

CR2E037 (10/97)