FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State
02-25-1999 90014 038 ****61.25

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DOCUMENT # **N42800**

1. Corporation Name
FAIRVIEW OF ATLANTIS HOMEOWNERS ASSOCIATION, INC

116055 - 90014 - 38

Principal Place of Business	Mailing Address
193 ORANGE TREE DR. ATLANTIS FL 33462	193 ORANGE TREE DR. ATLANTIS FL 33462

2. Principal Place of Business 21 189 Orange Tree Dr. Suite, Apt. #, etc. 22 City & State 23 Atlantis, FL Zip 24 33462 Country 25 USA	2a. Mailing Address 26 145 Atlantis Blvd. Suite, Apt. #, etc. 27 PH4 City & State 28 Atlantis, FL Zip 29 33462 Country 30 USA	3. Date Incorporated or Qualifed 04/03/1991 4. FEI Number 65-0262243 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 Susan Wagner
82 Street Address (P.O. Box Number is Not Acceptable) 145 Atlantis Blvd., PH4
83
84 City Atlantis FL 85 Zip Code 33462

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 Susan Wagner 1/17/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BILLIES, DICKSON 189 ORANGE TREE DR. ATLANTIS FL 33462	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	V/D Krings, Ted 177 Orange Tree Dr. Atlantis, FL 33462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRINKMAN, HERMAN DR 205 ORANGE TREE DR. ATLANTIS FL 33462	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/D Chisholm, George 197 Orange Tree Dr. Atlantis, FL 33462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KNEELAND, ALLEN 193 ORANGE TREE DR. ATLANTIS FL 33462	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Wagner, Susan 145 Atlantis Blvd. PH4 Atlantis, FL 33462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Susan Wagner **SIGNATURE REQUIRED** 1/17/99 561-966-2051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #