

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N42800

1. Entity Name
FAIRVIEW OF ATLANTIS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**189 ORANGE TREE DR
ATLANTIS, FL 33462**

Mailing Address
**193 ORANGE TREE DR
ATLANTIS, FL 33462**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0262243	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WAGNER, SUSAN
193 ORANGE TREE DR
ATLANTIS, FL 33462**

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILLIES, DICKSON 189 ORANGE TREE DR. ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRIS, RAY 181 ORANGE TREE DRIVE ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAGNER, SUSAN 193 ORANGE TREE DR ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHISHOLM, GEORGE 197 ORANGE TREE DR ATLANTIS, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/05-80149-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Susan Wagner Susan Wagner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05
Date

361-966-2051
Daytime Phone #