

FILE NOW: FILING FEE IS \$61.25

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Apr 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
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DOCUMENT # 737382 (2)
1. Corporation Name
FAIRVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O CMD MGMT., INC. 3082 JOG RD. LAKE WORTH FL 33467 US		Mailing Address C/O CMD MGMT., INC. 3082 JOG RD. LAKE WORTH FL 33467 US		3. Date Incorporated or Qualified 11/22/1976	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1955830	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROSENTHAL, DAVID C C/O CMD MGMT., INC. 3082 JOG RD. LAKE WORTH FL 33467		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 TD	1.1 TITLE	SD
NAME	EMIGH, JAN	1.2 NAME	AUDREY WEBER
STREET ADDRESS	219 VANDERBILT DR.	1.3 STREET ADDRESS	1946 FAIRVIEW VILLAS DRIVE #1
CITY-ST-ZIP	LAKE WORTH FL 33460	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	VD	2.1 TITLE	D
NAME	HUGHES, PETER	2.2 NAME	ROBERT KOVACK
STREET ADDRESS	1815-4 FAIRVIEW VILLAS DR.	2.3 STREET ADDRESS	1821 FAIRVIEW VILLAS DRIVE # 4
CITY-ST-ZIP	W. PALM BCH. FL 33406	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	PD PD	3.1 TITLE	
NAME	DARBY, WILLIAM	3.2 NAME	
STREET ADDRESS	304 3RD WAY 1840-2	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	RICKARD, DEANNA	4.2 NAME	
STREET ADDRESS	1815 FAIRVIEW VILLAS #3	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL 33407	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	JONES, RAY	5.2 NAME	
STREET ADDRESS	1805 FAIRVIEW VILLAS DR #1	5.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	CHEVERETTE, CLOVER	6.2 NAME	
STREET ADDRESS	1807 FAIRVIEW VILLAS DRIVE #2	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	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:

Jan Emigh

4/10/98

CR2E037 (10/97)