


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90026 013 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 737382</b>					
<b>1. Corporation Name</b> <b>FAIRVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> C/O CMD MGMT., INC. 3082 JOG RD. LAKE WORTH FL 33467 US			<b>Mailing Address</b> C/O CMD MGMT., INC. 3082 JOG RD. LAKE WORTH FL 33467 US		



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 11/22/1976 <b>4. FEI Number</b> 59-1955830 <b>Applied For</b> Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>9. Name and Address of Current Registered Agent</b> ROSENTHAL, DAVID C C/O CMD MGMT., INC. 3082 JOG RD. LAKE WORTH FL 33467				<b>10. Name and Address of New Registered Agent</b> 81 Name <b>AUBREY BOURGEOIS CPA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2311 10TH AVE N #10</b> 83 84 City <b>LAKE WORTH</b> <b>FL</b> 85 Zip Code <b>33461</b>			
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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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		<b>DATE</b>	
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE <b>TD</b> NAME <b>EMIGH, JAN</b> STREET ADDRESS <b>219 VANDERBILT DR.</b> CITY-ST-ZIP <b>LAKE WORTH FL 33460</b> <input checked="" type="checkbox"/> DELETE	<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> 1.1 TITLE <b>PRESIDENT/SEC.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>DEBRA PACE</b> 1.3 STREET ADDRESS <b>1860 FAIRVIEW VILLAS DR #3</b> 1.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33406</b>		
TITLE <b>SD</b> NAME <b>WEBER, AUDREY</b> STREET ADDRESS <b>1846 FAIRVIEW VILLAS DRIVE #1</b> CITY-ST-ZIP <b>W. PALM BCH. FL 33406</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>RENEE CYPHER</b> 2.3 STREET ADDRESS <b>FAIRVIEW VILLAS DR #</b> 2.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33406</b>		
TITLE <b>PD</b> NAME <b>DARBY, WILLIAM</b> STREET ADDRESS <b>304 3RD WAY 1840-2</b> CITY-ST-ZIP <b>W PALM BCH FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>DIANE MANN</b> 3.3 STREET ADDRESS <b>FAIRVIEW VILLAS DR #</b> 3.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33406</b>		
TITLE <b>D</b> NAME <b>KOVACK, ROBERT</b> STREET ADDRESS <b>1821 FAIRVIEW VILLAS DRIVE #4</b> CITY-ST-ZIP <b>W. PALM BCH. FL 33406</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

**SIGNATURE:** *[Signature]* **DATE REQUIRED** **4/30/99** **561-582-2282**

CR2E037 (11/98)