

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737382

FILED
Mar 11, 2009
Secretary of State

Entity Name: FAIRVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

BANYAN PROPERTY MGMT
2328 S CONGRESS AVE, STE 1-C
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

BANYAN PROPERTY MGMT
2328 S CONGRESS AVE, STE 1-C
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 59-1955830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLEY & WYANT CORTEZ, PA
860 US HIGHWAY ONE
SUITE #108
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: NELSON, HOWARD
Address: 1815 FAIRVIEW VILLAS DR # 3
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD () Delete
Name: JONES, RAYMOND
Address: 1805 FAIRVIEW VILLAS DR # 1
City-St-Zip: WEST PALM BEACH, FL 33406

Title: PD () Delete
Name: STARK, YVONNE
Address: 1805 FAIRVIEW VILLAS DR # 2
City-St-Zip: WEST PALM BEACH, FL 33406

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GALLNEA, LINA
Address: 1850 FAIRVIEW VILLAS DR., #2
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Change (X) Addition
Name: SMITHEM, PAUL
Address: 1866 FAIRVIEW VILLAS DR., #3
City-St-Zip: PALM SPRINGS, FL 33406

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD NELSON

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date