

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16513

**Entity Name:** FAIRVIEW ESTATES OF CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 22, 2024**  
**Secretary of State**  
**4270547404CC**

**Current Principal Place of Business:**

2541 N RESTON TERRACE  
HERNANDO, FL 34442

**Current Mailing Address:**

2541 N RESTON TERRACE  
HERNANDO, FL 34442 US

**FEI Number: 59-2732310**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VILLAGES SERVICES INC.  
2541 N RESTON TERRACE  
HERNANDO, FL 34442 US

*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: GERALYN BOND**

**04/22/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name SIGURDSEN, MARCY  
Address 2541 N RESTON TERRACE  
City-State-Zip: HERNANDO FL 34442

Title PRESIDENT  
Name WOLFEL, RAYMOND  
Address 2541 N RESTON TERRACE  
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR  
Name GAVER, JODY  
Address 2541 N RESTON TERRACE  
City-State-Zip: HERNANDO FL 34442

Title TREASURER  
Name BLAIR, DICK  
Address 2541 N RESTON TERRACE  
City-State-Zip: HERNANDO FL 34442

Title VP  
Name ROOSEVELT, JAMES  
Address 2541 N RESTON TERRACE  
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR  
Name AMEDICK, KEVIN  
Address 2541 N RESTON TERRACE  
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR  
Name ARMSTRONG, KAREN  
Address 2541 N RESTON TERRACE  
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR  
Name LOOP, JOHN  
Address 2541 N RESTON TERRACE  
City-State-Zip: HERNANDO FL 34442

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: RAYMOND WOLFEL**

**PRESIDENT**

**04/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            CAMPO, RON  
Address        2541 N RESTON TERRACE  
City-State-Zip: HERNANDO FL 34442