2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16954

Entity Name: FAIRVIEW PROPERTY OWNERS' ASSOCIATION, INC.

FILED Apr 17, 2020 **Secretary of State** 3738580602CC

Current Principal Place of Business:

5940 FROND WAY

APOLLO BEACH, FL 33572

Current Mailing Address:

235 APOLLO BEACH BLVD #417

APOLLO BEACH, FL 33572 US

FEI Number: 59-2860803 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 5940 FROND WAY APOLLO BEACH, FL 33572 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: KATHY TRIMMER 04/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title **PRESIDENT**

CARPENTER, SUSAN DEVINE, CHUCK Name Name

Address C/O COMMUNITIES FIRST Address C/O COMMUNITIES FIRST

ASSOCIATION MANAGEMENT LLC ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417 235 APOLLO BEACH BLVD #417

APOLLO BEACH FL 33572 APOLLO BEACH FL 33572 City-State-Zip: City-State-Zip:

Title DIRECTOR Title DIRECTOR

WEBER, MARGE STELLATO, JEAN Name Name

C/O COMMUNITIES FIRST C/O COMMUNITIES FIRST Address Address

ASSOCIATION MANAGEMENT LLC ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417 235 APOLLO BEACH BLVD #417

City-State-Zip: APOLLO BEACH FL 33572 City-State-Zip: APOLLO BEACH FL 33572

Title SECRETARY, TREASURER Title LICENSED COMMUNITY

ASSOCIATION MANAGER FRISCH, JOY

Name Name TRIMMER, KATHY Address C/O COMMUNITIES FIRST

C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC Address

ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417 235 APOLLO BEACH BLVD #417 APOLLO BEACH FL 33572

City-State-Zip: APOLLO BEACH FL 33572 City-State-Zip:

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: KATHY TRIMMER

LICENSED COMMUNITY ASSOCIATION MANAGER 04/17/2020