

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16954

**FILED**  
**Feb 02, 2016**  
**Secretary of State**  
**CC4143968023**

**Entity Name:** FAIRVIEW PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

409 E COLLEGE AVE  
RUSKIN, FL 33570

**Current Mailing Address:**

PO BOX 1058  
RUSKIN, FL 33575 US

**FEI Number:** 59-2860803

**Certificate of Status Desired:** No

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

TRIMMER, KATHY  
409 E COLLEGE AVE  
RUSKIN, FL 33570 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

02/02/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name SMITH, GARRY  
Address 1020 ARDMORE WAY  
City-State-Zip: SUN CITY CENTER FL 33573

Title PRESIDENT  
Name ROBERT, SULLIVAN  
Address 1627 WOODMAR DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title VP  
Name DAVIS, MARGARET  
Address 1605 WEATHERFORD DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title D  
Name WEBER, MARGE  
Address 1630 WOODMAR DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name FUSIA, EDWARD  
Address 1615 WEATHERFORD DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title TREASURER  
Name MATHIEU, PETE  
Address 1626 WOODMAR DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

*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:** ROBERT SULLIVAN

**PRESIDENT**

02/02/2016

Electronic Signature of Signing Officer/Director Detail

Date