FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

				tary of State CORPORATIONS							
DOCUMENT # 737387											
FAIRVI	EW VILLAS CONI	OOMINIUM ASSO	OCIATION,	INC.							
Principal Place	of Business	Mailing	g Address				\dashv				
	D MANAGEMENT,	INC. c/o	CMD MANAG	EMENT,	,]	INC.					
3082 Jog Road Lake Worth, FL 33467 3082 Jog Road Lake Worth, FL 3							-	Date Incorporated or Qualified (111/00)	3a. [Date of Last	•
2. Principal Pl	ace of Business		illing Address				-	4/11/88 4. FEI Number		5/1/	Applied For
21	4	26	**- A - A - H - A -					59-1955830			Vot Applicable
Suite, Apt.	#, 0 IC.	27	ite, Apt. #, etc.				Ì	5. Certificate of Status Desired		,	Additional Required
City & State	э	Cri	y & State					6. Election Campaign Financing		\$5.0	O May Be
Zip	Country	Zip		Cour	ntry		-	Trust Fund Contribution 8. This corporation has liability for			d to Fees 199.032.
24	25	29		30			\perp	Florida Statutes	Yes [□No	
	9. Name and Address	s of Current Registere	ia Agent		61	Name		10. Name and Address of New	Hegistered	Agent	
ROSENTI	HAL, DAVID C.			-	82	Strept Add	ldress	(P.O. Box Number is Not Accepta	tile)		
C/O CMD MANAGEMENT, INC.											
3082 JOG ROAD											
LAKE WO	ORTH, FL 33467				84	City			FI	85 Zıç	Code
11. 'Pursuant	to the provisions of Section	is 617.0502 and 617.15	08, Florida Statutes	s, the above	ve-na	amed corpo	oratio	n submits this statement for the po f directors. Thereby accept the app	pose of ch	nanging its r	egistered office
emiliar wi	the and accept the obligation	ons Section 617.050	ange was authorize 3, Florida Statutes.	o by the ci	orpo	oration's boi	oaro o	r directors. I hereby accept the app	oontment a <i>7</i> 31	s registerea	agent. I am
SIGNATURE .	Signature, typed or printed name of	resistered abent and title if about	able (NOT	F. Registered a	Arrent	signature requir		5 [[3]	(b)		
12.		FICERS AND DIRECTO		13.	rigent	agricus regim	an ext. Varie	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	PD		DELETE	1.1.7(1)	LÉ					☐ Change	☐ Addition
NAME	Jan Emigh	14 Dudas		1 2 NA	ME						
STREET ADDRESS	219 Vanderbi Lake Worth,					ADDRESS					
CITY - ST - ZIP TITLE	VD	rh 33400	DELETE	1 4 CIT 2 1 TIT		ZIP	<u> </u>		· 	☐ Change	☐ Addition
NAME	Peter Hughes		L. Dece / E	2 2 NA						Change	Addition
STREET ADORESS	1815-4 Fairv		rive	- 6		ADDRESS					
CITY-ST-ZIP	West Palm Be			2 4 CII	TY-S	T-ZIP					
TITLE	SD		DELETE	3 1 111	LE					Change	Addition
NAME	Bill Darby			3 2 NA							
STREET ADDRESS	304 3rd Way West Palm Be	FI 22/0	7			ADDRESS					
CITY-ST-ZIP TITLE		acn, FL 3340	DELETE	3.4 CIT		T - ZIP			• • • • • • • • • • • • • • • • • • • •	☐ Change	Addition
NAME	TD	5		4 2 NA							radation
STREET ADDRESS	Deanna Ricka 1815 Fairvie			4.3 STF	REET A	ADDRESS					
CITY-ST-ZIP	West Palm Be		7	4.4 CIT	Y - ST	· ZIP					
TITLE	D	, 12 3340	DELETE	5 1 TIT	LE			6000018 -05/30/3601	437	Change	☐ Addition
NAME	Ray Jones			5.2 NAI				-05/30/9601	0130	32	
STREET ADDRESS	1806-1 Fairy	iew Villas D	rive			ADDRESS		***81.25			
CITY - ST - ZIP TITLE	West Palm Be	ach, FL 3340	Z □DELETE	5 4 CIT 6 1 TIT		- 218				Change	□ Addition ~
NAME				6.2 NAI					ب ر	\sim	17010
STREET ADDRESS						ADDRESS				15	<i>1</i>
CITY - ST - ZIP		·		6.4 CIT	Y-ST	- ZIP			\sim	<u> </u>	2
14. I do hereb	y certify that the informatio	n supplied with this filing	g is voluntarily furnis	shed and d	does	not qualify	/ for th	e exemption stated in Section 119	07(3)(k), FI	orida Statu	es. I further

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statules. 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 furstee 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.

SIGNATURE:

Anice D Emily Sold of PRINTED NAME OF JOINING OFFICER OR DIRECTOR

113 196 Daytime Phone ii

CR2E037 (12/95