

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737382 (2)
1. Corporation Name
FAIRVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O CMD MGMT., INC. 3082 JOG RD. LAKE WORTH FL 33467 US	Mailing Address C/O CMD MGMT., INC. 3082 JOG RD. LAKE WORTH FL 33467 US
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3. Date Incorporated or Qualified 11/22/1976		
4. FEI Number 59-1955890	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**ROSENTHAL, DAVID C
C/O CMD MGMT., INC.
3082 JOG RD.
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD TD	<input type="checkbox"/> DELETE
NAME	EMIGH, JAN	
STREET ADDRESS	219 VANDERBILT DR.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, PETER	
STREET ADDRESS	1815-4 FAIRVIEW VILLAS DR.	
CITY-ST-ZIP	W. PALM BCH. FL 33406	
TITLE	PD PD	<input type="checkbox"/> DELETE
NAME	DARBY, WILLIAM	
STREET ADDRESS	304 3RD WAY 1840-2	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RICKARD, DEANNA	
STREET ADDRESS	1815 FAIRVIEW VILLAS #3	
CITY-ST-ZIP	W. PALM BCH. FL 33407	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, RAY	
STREET ADDRESS	1805 FAIRVIEW VILLAS DR #1	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CHEVERETTE, CLOVER	
STREET ADDRESS	1807 FAIRVIEW VILLAS DRIVE #2	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SD AUDREY WEBER
1.3 STREET ADDRESS	1946 FAIRVIEW VILLAS DRIVE #1
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D ROBERT KOVACK
2.3 STREET ADDRESS	1821 FAIRVIEW VILLAS DRIVE # 4
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 trustee 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: *Jan Emigh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/98

CR2E037 (10/97)