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May 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737382

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 11/22/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1955830
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
AUBREY BOURGEOIS CPA

82 Street Address (P.O. Box Number is Not Acceptable)
2311 10TH AVE N #10

83

84 City
LAKE WORTH

85 Zip Code
FL 33461

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	EMIGH, JAN	
STREET ADDRESS	219 VANDERBILT DR.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WEBER, AUDREY	
STREET ADDRESS	1846 FAIRVIEW VILLAS DRIVE #1	
CITY-ST-ZIP	W. PALM BCH. FL 33406	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DARBY, WILLIAM	
STREET ADDRESS	304 3RD WAY 1840-2	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOVACK, ROBERT	
STREET ADDRESS	1821 FAIRVIEW VILLAS DRIVE #4	
CITY-ST-ZIP	W. PALM BCH. FL 33406	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEBRA PACE	
1.3 STREET ADDRESS	1860 FAIRVIEW VILLAS DR # 3	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RENEE CYPHER	
2.3 STREET ADDRESS	FAIRVIEW VILLAS DR #	
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIANE MANN	
3.3 STREET ADDRESS	FAIRVIEW VILLAS DR #	
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/30/99 561-582-2282
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/1/98)