


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90212 031 ****61.25

DOCUMENT # 746698 1. Entity Name FAIRVIEW VILLAGE ASSOCIATION, INCORPORATED					
Principal Place of Business 7025 FAIRVIEW VILLAGE WINTER HAVEN, FL 33881			Mailing Address 7025 FAIRVIEW VILLAGE WINTER HAVEN, FL 33881		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1914960	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRYMYER, KAREN 7025 FAIRVIEW VILLAGE WINTER HAVEN, FL 33881				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete O'DONNELL, DENNIS STREET ADDRESS 7007 FAIRVIEW VILLAGE CIRCLE CITY-ST-ZIP WINTER HAVEN, FL 33881		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete GEARHART, DON E STREET ADDRESS 7007 FAIRVIEW VILLAGE CIR. CITY-ST-ZIP WINTER HAVEN, FL 33881		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete STRUNK, ELDON STREET ADDRESS 7009 FAIRVIEW VILLAGE CITY-ST-ZIP WINTER HAVEN, FL 33881		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete FRYMYER, KAREN STREET ADDRESS 7025 FAIRVIEW VILLAGEW CITY-ST-ZIP WINTER HAVEN, FL 33881		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete HICKS, JOHN STREET ADDRESS 7004 FAIRVIEW VILLAGE CITY-ST-ZIP WINTER HAVEN, FL 33881		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Heitkamp, Gil STREET ADDRESS 7095 Vairview Village CITY-ST-ZIP Winter Haven, FL 33881	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Karen Frymyer KAREN FRYMYER, TREA. 937-842-2244 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					