2007 NOT-FOR-PROFIT CORPORATION

FILED Apr 30, 2007 8:00 am Secretary of State

		ANNUAL	. KE	PORI					36	CI	etar	y of s	state
DOCUI	MENT	#746698					2 2		04	4-30-2	2007 908	352 047 **	**61.25
1. Entity Name FAIRVIEW VILLAGE ASSOCIATION, INCORPORATED													
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Principal Place				g Address	;								
7025 FAIRVIEW VILLAGE WINTER HAVEN, FL 33881			7025 FAIRVIEW VILLAGE Winter Haven, Fl 33881										
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address									EIBUIBH BI IEBH	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04182007	Chg	J-NP	CR	2E037 (12/06	3)
City & State			Ci	City & State				4. FEI Numb 59-191		1		-	Applied For Not Applicable
Zip		Country	Zij	p	Count	try		5. Certificate	of State	us Desi	red 🔲	\$8.75 Fee Requ	Additional
<u> </u>	6. Name	and Address of Current	Register	ed Agent				7. Name and	Addre	ss of N	ew Registe		
FRYMYER						Name		DO Day North	as in Nie		-4-1-1-1		.
7025 FAIR WINTER H	_				-	Street Add	aress (i	P.O. Box Numb	er is ivo	ot Acces	otable)		
					-	City						₽ ∎ Zip C	inde
8. The above	named entit	ty submits this statement fo	or the our	onse of changing its			register	ed agent, or bo	nth, in th	ne State		FL '	
	ions of regist	•	51 410 parp	,ooo or one iging no	ogiccioo	, ome or 1	109.00	od agom, or oc	, a, a, a,	io oldio	O() (O) (O2)		is i, and accopt
SIGNATURE				····									
SIGNATURE	Signature, typed	d or printed name of registered agent	and title if ap	plicable. (NOTE:	Registered A	Agent signature	re réquired	when reinstating)			D	DATE	
, ,	Filing Fe	or printed name of registered agent the is \$61.25 May 1, 2007	and title if ap	9. Election Cam Trust Fund C	paign Fin	nancing	re required	\$5.00 May I Added to Fees			Make c	Check payable	
SIGNATURE	Filing Fe Due by N	ee is \$61.25		9. Election Cam Trust Fund C	paign Finantribution	nancing		\$5.00 May I	·	S TO OF	Make o	check payable department o	S IN 10
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12. I hereby certify that the information supplied with this filling 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 Shapter 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: Koren Jun

SIGNATURE AND TYPED OR PRINTED NAME OF SONING OFFICE OR DIRECTOR

4-27-07 937-539-06