


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90041 050 \*\*\*\*61.25

<b>DOCUMENT # N02000007214</b> 1. Entity Name <b>FAIRVIEW ESTATES VILLAS HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>4174 WOODLANDS PARKWAY PALM HARBOR, FL 34685</b>			Mailing Address <b>124 ANCLOTE RD TARPON SPRINGS, FL 34689</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FIRST CHOICE ASSOCIATION MANAGEMENT 4174 WOODLANDS PARKWAY PALM HARBOR, FL 34685</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing. Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.</b>		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANLEY, RICHARD J		NAME	<i>Wally Rogers</i>	
STREET ADDRESS	124 ANCLOTE RD		STREET ADDRESS	<i>112 Conclote Rd</i>	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	<i>Tarpon Springs FL 34689</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<i>V. President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITESIDE, ALAN		NAME	<i>Vic Bolivar</i>	
STREET ADDRESS	10508 PEPPERGRASS COURT		STREET ADDRESS	<i>104 Conclote Rd</i>	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	<i>Tarpon Springs FL 34689</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANLEY, HEATHER		NAME		
STREET ADDRESS	124 ANCLOTE RD		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2/4/05</i> 988-942-9108 <small>Daytime Phone #</small>		