2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000007214

1. Entity Name FAIRVIEW ESTATES VILLAS HOMEOWNERS'



FILED Mar 27, 2007 8:00 am Secretary of State

03-27-2007 90018 023 ****61.25

ASSOCIATION, INC.														
Principal Place of Business 4174 WOODLANDS PARKWAY PALM HARBOR, FL 34685			Mailing Address 4174 WOODLANDS PARKWAY PALM HARBOR, FL 34685				4002~-							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02052007	Chg-l	NP	CR	2E037	(12/06)			
City & State		City & State					4. FEI Numbe NOT AF		BLE				plied For t Applicable	
Zip		Country	Zip		Cour	ntry		5. Certificate	of Status	Desired			3.75 Add e Require	
6. Name and Address of Current Registered Agent								7. Name and	Addres	s of New	Regist	ered Age	∍nt	
FIRST CHŌICE ASSOCIATIÔN MANAGEMENT						Name								
4174 WOODLANDS PARKWAY PALM HARBOR, FL 34685							ress (P	P.O. Box Numb	er is Not	Acceptal	ble)			
· ·					City			<u> </u>			FL	Zip Cod	e	
 The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent. 							gistere	ed agent, or bo	th, in the	State of	Florida.	I am fan	niliar with,	and accept
ine ooligat	iions or regist	ereu agem.												
SIGNATURE .														
	Signature, typed	or printed name of registered agent	and title if app	licable. (NOTE:	Registered	Agent signature r	requirea v	when reinstating)				DATE		
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.										
					-			\$5.00 May E Added to Fees					ayable to ent of St	
10.			RECTORS	Trust Fund Co	-	on. \square	J A			Fi	orida 🛭	epartm	ent of St	ate
TITLE	Due by N	Tay 1, 2007 OFFICERS AND DI	RECTORS	Trust Fund Co	11.	on.	A A	Added to Fees DDITIONS/CH	IANGES	Fi	orida 🛭	epartm	ent of St	ate
	P WHITESI	Tay 1, 2007 OFFICERS AND DI		Trust Fund Co	11. TITLE NAME	er Address	NICÍO	Added to Fees DDITIONS/CH ANCLOTE	IANGES	FIO OFFIC	orida D	epartm	ent of St	10
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12. Thereby 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9429108