

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000007214

**FILED**  
**Oct 12, 2014**  
**Secretary of State**

**Entity Name:** FAIRVIEW ESTATES VILLAS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4174 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

122 ANCLOTE RD  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

4174 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**New Mailing Address:**

122 ANCLOTE RD  
TARPON SPRINGS, FL 34689

**FEI Number:** 55-0797933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIRST CHOICE ASSOCIATION MANAGEMENT  
4174 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

CHORLEY, CARLA  
122 ANCLOTE RD  
TARPON SPRINGS, FL 34689 US

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.

SIGNATURE: CARLA CHORLEY

10/12/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHORLEY, CARLA  
Address: 122 ANCLOTE RD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V  
Name: ACHILLES, CAROLE  
Address: 112 ANCLOTE RD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S  
Name: FIELDER, MEGAN  
Address: 114 ANCLOTE RD  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLA CHORLEY

P

10/12/2014

Electronic Signature of Signing Officer or Director

Date