


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2008 8:00 am**  
**Secretary of State**

07-07-2008 90003 014 \*\*\*\*61.25

<b>DOCUMENT # N16513</b>	
1. Entity Name <b>FAIRVIEW ESTATES OF CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>2450 N CITRUS HILLS BLVD HERNANDO, FL 34442 US</b>	Mailing Address <b>2450 N CITRUS HILLS BLVD HERNANDO, FL 34442 US</b>
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**40109664**



2. Principal Place of Business - No P.O. Box # <b>2412 N. Essex Ave</b>	3. Mailing Address <b>2412 N. Essex Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06182008 Chg-NP CR2E037 (12/06)

City & State <b>Hernando, FL</b>	City & State <b>Hernando, FL</b>
Zip <b>34442</b>	Zip <b>34442</b>
Country <b>Citrus</b>	Country <b>Citrus</b>

4. FEI Number  
**59-2732310**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, HUGH  
JOSEPH COMMUNITY MANAGEMENT, LLC  
2450 N CITRUS HILLS BLVD.  
HERNANDO, FL 34442**

7. Name and Address of New Registered Agent

Name **Hugh Phillips**

Street Address (P.O. Box Number is Not Acceptable)  
**Joseph Community management, LLC  
2412 N. Essex Ave.**

City **Hernando** FL Zip Code **34442**

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  **Hugh Phillips, CPA, CAM** **6/23/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOBELMAN, KARIN 4120 N. RINGWOOD CIRCLE HERNANDO, FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, THOMAS JR 3939 N. LONGVALLEY ROAD HERNANDO, FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLEFIELD, RALPH 4058 LITTLE DOVE TERR HERNANDO, FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DALAN, KENNETH 4348 N LONG VALLEY RD HERNANDO, FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Kenneth Dolan</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KOVELESKI, DAVID 4055 N. RINGWOOD CIRCLE HERNANDO, FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Barbara Lauer 4403 N. Aztec Point Hernando, FL 34442</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete PELTZER, JIM 4157 N INDIAN RIVER DR HERNANDO, FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jim Peltzer</b>

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:  **Karin Sobelman, President** **7-02-08** **352-637-1306**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(a) Financing contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	make check payable to <b>Florida Department of State</b>
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD marcy Sigurdson 4371 N. Indianhead Rd. Hernando, FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Marks 585 E. Forest Hill Pl. Hernando, FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas murphy 4314 N. Indianhead Rd. Hernando, FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

(Document # N16513)  
 Fairview Estates of Citrus  
 Hills Property Owners Assn.

ATTACHMENT

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