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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004564 (8)**

1. Corporation Name

FAIRVIEW ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

107 E. LADY LAKE BOULEVARD
LADY LAKE FL 32159

107 E. LADY LAKE BOULEVARD
LADY LAKE FL 32159



3. Date Incorporated or Qualified

08/29/1996

4. FEI Number

59-3406392

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **108 S. Old Dixie Highway**
Suite, Apt. #, etc.

26 **108 S. Old Dixie Highway**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Lady Lake, FL**
Zip Country

28 **Lady Lake, FL**
Zip Country

24 **32159** 25 **USA**

29 **32159** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINMETZ, NANCY P
107 E. LADY LAKE BOULEVARD
LADY LAKE FL 32159

81 Name

Nancy P. Steinmetz

82 Street Address (P.O. Box Number is Not Acceptable)

108 S. Old Dixie Highway

83

84 City

Lady Lake

FL

85 Zip Code

32159

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Nancy P. Steinmetz

3-26-98

Signature, typed or printed name of registered agent and title if applicable

(None Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **STEINMETZ, LEO P**
CITY-ST-ZIP **P.O. BOX 217 N/A 3718 Lake Griffin Rd Lady Lake FL 32159**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Steinmetz, Stephen A.**
1.3 STREET ADDRESS **P.O. Box 217 3718 Lake Griffin Rd**
1.4 CITY-ST-ZIP **Lady Lake, FL 32159**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **STEINMETZ, NANCY P**
CITY-ST-ZIP **P.O. BOX 217 N/A 3718 Lake Griffin Rd Lady Lake FL 32159**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **STEINMETZ, GREGORY L**
CITY-ST-ZIP **P.O. BOX 217 N/A Lady Lake FL 32159**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with any address.

SIGNATURE:

Nancy P. Steinmetz

3-26-98

352-753-9009

CR2037 (10/97)