FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 25, 1999 8:00 am § Secretary of State

03-25-1999 90048 019 ****61.25

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1. Corporation Name	NAPOOOR	JU4004	
FAIRVIEW ESTATES	HOMEOWNERS'	ASSOCIATION,	INC.

Principal Place of Business 108 S OLD DIXIE HWY LADY LAKE FL 32159

Mailing Address

108 S OLD DIXIE HWY LADY LAKE FL 32159

|--|

	ace of Business	-	Mailing Address					3. Date Incorporated or Qualifer 08/29/1996	d		_	
Suite, Apt.	# oto	26	Suite, Apt. #, etc.	_				4. FEI Number		1	Apr	lied For
	#, etc.	27	Outo, Apr. #, oto.					59-3406392		ŀ		Applicable
City & State	9 .	28	City & State	_=		_		5. Certificate of Status Desired		•	. 75 A	dditional juired
Zip	Country	20	Zip	C	untry			6. Election Campaign Financing	, _□	•	5.00	•
24	25	29		30	ı			Trust Fund Contribution		Added to F		Fees
	9. Name and Address of Current	Regis	stered Agent		١			10. Name and Address of New	Registered	Agent	1	
					81	Na	ne					
	Z, NANCY P				82 Street Address (P.O. Box Number is Not Acceptable)							
108 S QLI	DIXIE HWY				83	-						
LADY LAK	E FL 32159				63							
					84	City	,		FL	85	Zip C	ode
	to the provisions of Sections 617.0502	ond c	17 1508 Florida Statut	tos the	aho:		ned com	voration submits this statement for th	e purpose of	chang	ing its	egistered
office or re	to the provisions of Sections 617,0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Flori	da. Such change was a	เนนาดทรเ	ea by	tue c	orporation	on's board of directors. I hereby acc	ept the appoi	ntmen	t as reg	istered
SIGNATURE			•						DATE			
	Signature, typed or printed name of registered agent			Register		nt signa	ture require	d when reinstating) ADDITIONS/CHANGES TO C		ID DIE	RECTO	RS IN 12
12.	OFFICERS AND	DIR	DELETE				- 	ADDITIONAJONATOLO 10 0	TIOLITO		hange	Addition
TITLE	D CTENNATE A FORD		T. DECE IE	ı	TITLE						. ILLI I GO	
NAME	STEINMETZ, LEO P			- 1	NAME							
STREET ADDRESS				- 1	STREE		ESS					
CITY-ST-ZIP	LADY LAKE FL 32159		☐ DELETE	_	CITY-S	T-ZIP					hange	Addition
TITLE	D		☐ DELETE		TITLE					υΨ	i i i i i i i i i i i i i i i i i i i	
NAME	STEINMETZ, NANCY P				NAME							
STREET ADDRESS	3718 LAKE GRIFFIN RD				STREE		ESS	_			-	- ,
CITY-ST-ZIP	LADY LAKE FL 32159				CITY-S	T-ZIP	-				hange	Addition
TITLE	D		☐ DELETE		TITLE		}				iiaiiy6	- Addition
NAME	STEINMETZ, STEPHEN A			- 1	NAME							
STREET ADORESS	3718 LAKE GRIFFIN RD				STREE		ESS					
CITY-ST-ZIP	LADY LAKE FL 32159		——————————————————————————————————————		CITY-8	ST-ZIP	+				'honco	☐ Addition
TITLE			☐ DELETE		TITLE					П	hange	
NAME					NAME							
STREET ADDRESS					STREE		ESS					
CITY-ST-ZIP				_	CITY-S	T-ZIP					han	☐ Addition
TITLE			☐ DELETE		TITLE						change	☐ Addition
NAME					NAME							
STREET ADDRESS					STREE		ESS					
CITY-ST-ZIP				_	CITY-S	T-ZIP	_ _					
TITLE			☐ DELETE		TITLE					Пс	hange	Addition
NAME					NAME							
STREET ADDRESS	,				STREE		ESS					
CITY ST. 7IP	No Section			6.4	CITY-S	T-ZIP	- 1					

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 an address, with all other like empowered.

SIGNATURE: