

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90038 022 \*\*\*550.00

**DOCUMENT # P03859**

1. Entity Name  
FAIRVIEW SOUTH INC.



Principal Place of Business  
2400 SOUTH FEDERAL HIGHWAY, #300  
STUART, FL 34994-1558

Mailing Address  
1729 H ST NW  
WASHINGTON, DC 20006

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05212007

Chg-P

CR2E034 (12/06)

4. FEI Number  
62-1210778

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete  
NAME KIPLINGER, AUSTIN H.  
STREET ADDRESS 1729 H ST NW.  
CITY-ST-ZIP WASHINGTON, DC 20006

TITLE D ☐ Delete  
NAME KIPLINGER, TODD L.  
STREET ADDRESS 1729 H ST NW.  
CITY-ST-ZIP WASHINGTON, DC 20006

TITLE DVP ☐ Delete  
NAME BONAN, MARTIN W  
STREET ADDRESS 2400 S FED HWY 300  
CITY-ST-ZIP STUART, FL 34994

TITLE TD ☐ Delete  
NAME WILKES, CORBIN M.  
STREET ADDRESS 1729 H ST NW.  
CITY-ST-ZIP WASHINGTON, DC 20006

TITLE VCD ☐ Delete  
NAME KIPLINGER, KNIGHT A  
STREET ADDRESS 1729 H ST NW.  
CITY-ST-ZIP WASHINGTON, DC 20006

TITLE C ☒ Delete  
NAME ALEXANDER, NANCY W  
STREET ADDRESS 1729 H ST NW.  
CITY-ST-ZIP WASHINGTON, DC 20006

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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:

*Nancy W Alexander, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/27/07