2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# 739888

Entity Name: FAIRGREEN UNIT III OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

38 FORE DR.
NEW SMYRNA BCH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

38 FORE DR.
NEW SMYRNA BCH, FL 32168 US

New Mailing Address:

FEI Number: 59-1786212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, CATHERINE
29 FORE DR
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ELMORE, RAY	
Address:	41 FORE DR	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	VP	( ) Delete
Name:	BENNER, TOM	
Address:	19 FORE DR	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	S	( ) Delete
Name:	LAUBNER, CHERYL	
Address:	24 FORE DR	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	BM	( ) Delete
Name:	LAVALLE, DONNA	
Address:	25 FORE DR	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	BM	( ) Delete
Name:	NIEBURGER, ALICE	
Address:	21 FORE DR	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CATHERINE ALLEN TREA 04/26/2009

Electronic Signature of Signing Officer or Director — Date