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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **743162** **(0)**

1. Corporation Name

FAIRGREEN UNIT IV OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7 ANDREA DRIVE NEW SMYRNA BCH FL 32168-3137	7 ANDREA DRIVE NEW SMYRNA BCH FL 32168-3137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1978
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-1878716 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MILLER, DOROTHEA L.
7 ANDREA DR.
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Dorothea L. Miller January 14, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	LUDLAM, HILDA	1.2 NAME	
STREET ADDRESS	10 ANDREA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☒ Change ☐ Addition
NAME	SNOTWELL, DAVID	2.2 NAME	P Brush Behy
STREET ADDRESS	25 ANDREA DR.	2.3 STREET ADDRESS	37 Andrea Drive
CITY-ST-ZIP	NEW SMYRNA BCH FL	2.4 CITY-ST-ZIP	New Smyrna Bch, FL
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	CESAN, VIRGINIA	3.2 NAME	
STREET ADDRESS	5 ANDREA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CESAN, HARRY	4.2 NAME	
STREET ADDRESS	5 ANDREA DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 0	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, DOROTHEA L	5.2 NAME	
STREET ADDRESS	7 ANDREA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HODADON, RALPH	6.2 NAME	
STREET ADDRESS	12 ANDREA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Dorothea L. Miller, DOROTHEA L MILLER Jan 14, 1995 904-427-6096
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

00/41FR