FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 06/07/1978	3a. Date of Last Report: 01/26/1995
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
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 9 Andrea Drive	26 9 Andrea Drive
Suite, Apt. #, etc. 22 New Smyrna Beach, Fl.	Suite, Apt. #, etc. 27 New Smyrna Beach, Fl.
City & State 23 32169 [redacted]	City & State 28 32168
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: Lela Cape
82 Street Address (P.O. Box Number is Not Acceptable): 9 Andrea Dr.
83
84 City: New Smyrna Beach FL 85 Zip Code: 32168

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: Lela Cape (Signature, typed or printed name of registered agent and title if applicable.) Lela Cape (NOTE: Registered Agent signature required when reinstating) February 27, 1996 (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	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	☒ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	BRUSH, BETTY		2.2 NAME	Charles Parther	
STREET ADDRESS	37 ANDREA DR.		2.3 STREET ADDRESS	29 Andrea Drive	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2.4 CITY-ST-ZIP	New Smyrna Beach, Fl. 32168	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CESAN, VIRGINIA		3.2 NAME	200001732102	
STREET ADDRESS	5 ANDREA DR.		3.3 STREET ADDRESS	-03/05/96--01022--011	
CITY-ST-ZIP	NEW SMYRNA BCH FL		3.4 CITY-ST-ZIP	***61.25	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CESAN, HARRY		4.2 NAME	Kathy SHAW	
STREET ADDRESS	5 ANDREA DR.		4.3 STREET ADDRESS	27 Andrea Dr.	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 0		4.4 CITY-ST-ZIP	New Smyrna Beach, Fl. 32168	
TITLE	T	☒ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	MILLER, DOROTHEA L		5.2 NAME	Lela Cape	
STREET ADDRESS	7 ANDREA DR.		5.3 STREET ADDRESS	9 Andrea Drive	
CITY-ST-ZIP	NEW SMYRNA BCH FL		5.4 CITY-ST-ZIP	New Smyrna Beach, Fl. 32168	
TITLE	D	☒ DELETE	6.1 TITLE	P	☒ Change ☐ Addition
NAME	HODADON, RALPH		6.2 NAME	Russ Miller	
STREET ADDRESS	12 ANDREA DR.		6.3 STREET ADDRESS	7 Andrea Dr.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		6.4 CITY-ST-ZIP	New Smyrna Beach, Fl 32168	

CR2E037 (12/95)

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)(k), 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: Lela Cape Lela Cape Feb. 27, 1996 904 427-7658
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)