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Mar 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
21 21 ANDREA DRIVE NEW SMYRNA BCH FL 32168	21 21 ANDREA DRIVE NEW SMYRNA BCH FL 32168

3. Date Incorporated or Qualified: 06/07/1978

4. FEI Number: 59-1878716 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 21 ANDREA DRIVE	2a. Mailing Address 26
Suite, Apt. #, etc. 22 NEW SMYRNA BEACH	Suite, Apt. #, etc. 27
City & State 23 FL 32168	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAPE, LELA 9 ANDREA DR. NEW SMYRNA BEACH FL 32168	81 Name: ELEANOR HAAK 82 Street Address (P.O. Box Number is Not Acceptable): 21 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: Eleanor Haak — ELEANOR HAAK TREASURER — 3/11/98
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	☒ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	LUDLAM, HILDA		1.2 NAME	KATHERINE SHAW	
STREET ADDRESS	10 ANDREA DR.		1.3 STREET ADDRESS	27 ANDREA DR.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL		1.4 CITY-ST-ZIP	NEW SMYRNA BEACH. FL 32168	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHARLES HINDS		2.2 NAME		
STREET ADDRESS	31 ANDREA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	SHIRLEY PAYNE		3.2 NAME	MARY BRADLEY	
STREET ADDRESS	32 ANDREA DR		3.3 STREET ADDRESS	17 ANDREA DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		3.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SHAW, KATHY		4.2 NAME	RUSS SCHNEIDER	
STREET ADDRESS	27 ANDREA DR.		4.3 STREET ADDRESS	2 ANDREA DR.	
CITY-ST-ZIP	NEW SMYRNA BCH, FL FL 32168		4.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	T	☒ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	CAPE, LELA		5.2 NAME	ELEANOR HAAK	
STREET ADDRESS	9 ANDREA DR.		5.3 STREET ADDRESS	21 ANDREA DR.	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168		5.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAL NORWOOD		6.2 NAME		
STREET ADDRESS	16 ANDREA DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Eleanor Haak — ELEANOR HAAK — 3/11/98 — 904-409-9493