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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743162**

1. Corporation Name
FAIRGREEN UNIT IV OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
21 ANDREA DR NEW SMYRNA BCH FL 32168 US	21 ANDREA DRIVE NEW SMYRNA BCH FL 32168

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 21 ANDREA DRIVE	06/07/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1878716 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 NEW SMYRNA BEACH, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 32168 / Country 30 Volusia	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HAAK, ELEANOR
21 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SCHNEIDER, RUSS		1.2 NAME	FINLAYSON, JAMES	
STREET ADDRESS	2 ANDREA DR		1.3 STREET ADDRESS	18 ANDREA DRIVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168		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		☐ Change ☐ Addition
NAME	BRADLEY, MARY		3.2 NAME		
STREET ADDRESS	17 ANDREA DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		3.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	SHAW, KATHERINE		4.2 NAME	HODGDON, RALPH	
STREET ADDRESS	27 ANDREA DR.		4.3 STREET ADDRESS	12 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		☐ Change ☐ Addition
NAME	HAAK, ELEANOR		5.2 NAME		
STREET ADDRESS	21 ANDREA DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168		5.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: E Haak SIGNATURE REQUIRED ELEANOR HAAK 3/29/99 904-409-9492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #