2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90120 035 ****61.25

DOCUMENT # 743162

1. Entity Name

FAIRGREEN UNIT IV OWNERS ASSOCIATION, INC.

C0031516

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
21 ANDREA DR NEW SMYRNA BCH FL 32168 US	9 ANDREA DRIVE NEW SMYRNA BCH FL 32168-6136

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	21 ANDREA DRIVE Suite, Apt. #, etc.
City & State	City & State: NEW SMYRNA BEACH
Zip / Country	Zip: 32168 / Country: VOLUSIA

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAAK, ELEANOR 21 ANDREA DR NEW SMYRNA BEACH FL 32168	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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: ELEANOR HAAK TREASURE 2/28/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINLAYSON, JAMES 18 ANDREA DRIVE NEW SMYRNA BCH FL 32168	☐ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	SHIRLEY PAYNE 32 ANDREA DRIVE NEW SMYRNA BCH FL 32168	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHARLES HINDS 31 ANDREA DR. NEW SMYRNA BEACH FL	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	LOU PEABODY 11 ANDREA DRIVE NEW SMYRNA BCH, FL. 32168	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRADLEY, MARY 17 ANDREA DR NEW SMYRNA BEACH FL 32168	☒ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	DOROTHEA MILLER 7 ANDREA DRIVE NEW SMYRNA BCH FL 32168	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ D HODGDON, RALPH 12 ANDREA DRIVE NEW SMYRNA BCH, FL FL 32168	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	CARLYN OPPER 4 ANDREA DRIVE NEW SMYRNA BCH FL 32168	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAAK, ELEANOR 21 ANDREA DR NEW SMYRNA BCH FL 32168	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAL NORWOOD 16 ANDREA DR. NEW SMYRNA BEACH FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR HAAK ELEANOR HAAK 2/28/00 904-409-9492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #