2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 743162

1. Entity Name

7 ANDREA DR

Principal Place of Business

NEW SMYRNA BEACH FL 32168-6136

FAIRGREEN UNIT IV OWNERS ASSOCIATION, INC.



FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90028 010 ****61.25

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Mailing Address		
7 Andrea dr New Smyrna Beach FL 3216 US	8-6136	
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Zip Country Zip Country Zip Country S. Certificate of Status Desired S8.75 And additional rise Repulsed S8.75 And selection S8			Suite, Apt. #, etc.							
6. Name and Address of Current Registered Agent Scaling	City & State	9	City & State	ity & State			1878716	<u> </u>		
MILLER, DOROTHER L — CORRECT SPELLING TANDREA DR MILLER, DOROTH EA L 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. I am familiar with, and accept the obligations of registered agent. Or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of Florida Department of State of Florida. I am familiar with, and accept the obligation of Florida Department of State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and ac	Zip	Country	Zip	ip Coul						
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), Florida Statutes. I further certify that the information		la de la companya de			ST-ZIP	Nous Cours	na Bahl	=1?	2/68	
			this filing does not qualify for		nption stated	in Section 119.07(3)(i), Flor	ida Statutes. I furthe ce	rtify that the in	formation	

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.

CLUMEDOROTHEAL MILLER 1/4/03 386427-6096 **SIGNATURE:**