FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:15

DOCUMENT # 749319 (0)

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

Principal Place of Business	Mailing Address
P.O. BOX 2665 NEW SMYRNA BEACH FL 32170	P.O. BOX 2665 NEW SMYRNA BEACH FL 32170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1979
3a. Date of Last Report: 02/24/1994
4. FEI Number: 59-1971601 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MACINTOSH, MALCOLM
83 LAKE FAIRGREEN CIRCLE
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name: Mary P. Berning
82 Street Address (P.O. Box Number is Not Acceptable): 37 Lake Fairgreen Circle
83:
84 City: New Smyrna Beach FL 85 Zip Code: 32168

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Mary P. Berning — Mary P. Berning — 1/16/95 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DE	1.1 TITLE	☒ Change ☐ Addition
NAME	WELCH, WILLIAM M.	1.2 NAME	
STREET ADDRESS	26 LK FAIRGREEN CIR	1.3 STREET ADDRESS	Deceased
CITY-ST-ZIP	NEW SMYRNA BCH FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	KARWOSKI, PATSY A	2.2 NAME	
STREET ADDRESS	31 LAKE FAIRGREEN CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	MACINTOSH, MALCOLM	3.2 NAME	Mary P. Berning
STREET ADDRESS	83 LK FAIRGREEN CIR.	3.3 STREET ADDRESS	37 Lake Fairgreen Circle
CITY-ST-ZIP	NEW SMYRNA BCH. FL	3.4 CITY-ST-ZIP	New Smyrna Beach, FL
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	NORMAN, KENNETH A.	4.2 NAME	Edward J. Caputo
STREET ADDRESS	95 LK FAIRGREEN CIR.	4.3 STREET ADDRESS	111 Lake Fairgreen Circle
CITY-ST-ZIP	NEW SMYRNA BEACH FL	4.4 CITY-ST-ZIP	New Smyrna Beach, FL
TITLE	VD	5.1 TITLE	VD ☒ Change ☐ Addition
NAME	MERRILL, L. KING	5.2 NAME	Willard Stewart
STREET ADDRESS	101 LK FAIRGREEN CIR.	5.3 STREET ADDRESS	3 Lake Fairgreen Circle
CITY-ST-ZIP	NEW SMYRNA BCH. FL	5.4 CITY-ST-ZIP	New Smyrna Beach, FL
TITLE	PD	6.1 TITLE	PD ☒ Change ☐ Addition
NAME	CAPUTO, EDWARD J	6.2 NAME	Walter Brady
STREET ADDRESS	111 LAKE FAIRGREEN CIRCLE	6.3 STREET ADDRESS	50 Lake Fairgreen Circle
CITY-ST-ZIP	NEW SMYRNA BEACH FL	6.4 CITY-ST-ZIP	New Smyrna Beach, FL

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)(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: Mary P. Berning — Mary P. Berning — 1/16/95 — 904-428-6993
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0021811