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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 749319

1. Corporation Name

FAIRGREEN UNIT VI OWNERS ASSOCIATION, INC.

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

Mailing Address
P.O. BOX 2665
NEW SMYRNA BEACH FL 32170



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/15/1979	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1971601	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JAMES, SALLY A 25 LAKE FAIRGREEN CIR NEW SMYRNA BEACH FL 32168				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 *Sally A. James* (NOTE: Registered Agent signature required when reinstating) DATE 1-11-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	Director
NAME	RENZ, JUANITA R	1.2 NAME	Cipra, Mr. Gale
STREET ADDRESS	110 GOLF CLUB DR	1.3 STREET ADDRESS	12 Lake Fairgreen Circle
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	New Smyrna Beach, Fl. 32168
TITLE	TD	2.1 TITLE	
NAME	JAMES, SALLY A	2.2 NAME	
STREET ADDRESS	25 LAKE FAIRGREEN CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Secretary/Director
NAME	PANNELL, WILLIAM H JR	3.2 NAME	Pannell, William H. Jr.
STREET ADDRESS	70 LAKE FAIRGREEN CIR	3.3 STREET ADDRESS	70 Lake Fairgreen Circle
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	3.4 CITY-ST-ZIP	New Smyrna Beach, Fl. 32168
TITLE	VPD	4.1 TITLE	President/director
NAME	SYNAL, DRUSILLA	4.2 NAME	Synal, Drusilla
STREET ADDRESS	117 LAKE FAIRGREEN CIR	4.3 STREET ADDRESS	117 Lake Fairgreen Circle
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	4.4 CITY-ST-ZIP	NSB, Fl. 32168
TITLE	PD	5.1 TITLE	
NAME	WALSH, JAMES	5.2 NAME	
STREET ADDRESS	102 GOLF CLUB DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Director
NAME		6.2 NAME	Karwoski, Daniel
STREET ADDRESS		6.3 STREET ADDRESS	31 Lake Fairgreen Circle
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New Smyrna Beach, Fl. 32168

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: *Sally A. James* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 Date

904-426-2515 Daytime Phone #

CR2E037 (11/98)