

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90037 034 ****61.25

DOCUMENT # 749319

1. Entity 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 32170-2665

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1971601

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

JAMES, SALLY A
25 LAKE FAIRGREEN CIR
NEW SMYRNA BEACH FL 32168

Name

JOHN F. COLEMAN

Street Address (P.O. Box Number is Not Acceptable)

30 LAKE FAIRGREEN CIRCLE

City

NEW SMYRNA BEACH

FL

Zip Code

32168

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

John F. Coleman

(NOTE: Registered Agent signature required when reinstating)

3/20/00

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 **D**
 NAME **CIPRA, GALE**
 STREET ADDRESS **12 LAKE FAIRGREEN CIRCLE**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

☒ Delete

TITLE **TD**
 NAME **JAMES, SALLY A**
 STREET ADDRESS **25 LAKE FAIRGREEN CIR**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL**

☒ Delete

TITLE **SD**
 NAME **PANNELL, WILLIAM H JR**
 STREET ADDRESS **70 LAKE FAIRGREEN CIR**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

☐ Delete

TITLE **PD**
 NAME **SYNAL, DRUSILLA**
 STREET ADDRESS **117 LAKE FAIRGREEN CIR**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

☒ Delete

TITLE **D**
 NAME **KARWOSKI, DANIEL**
 STREET ADDRESS **31 LAKE FAIRGREEN CIRCLE**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE **PD**
 NAME **REEBEL, JAMES**
 STREET ADDRESS **121 LAKE FAIRGREEN CIRCLE**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

☒ Change ☐ Addition

TITLE **VD**
 NAME **LOVE LAND, THOMAS**
 STREET ADDRESS **11 LAKE FAIRGREEN CIRCLE**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

☐ Change ☐ Addition

TITLE **TD**
 NAME **COLEMAN, JOHN F.**
 STREET ADDRESS **30 LAKE FAIRGREEN CIRCLE**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

☐ Change ☐ Addition

TITLE **D**
 NAME **WRIGHT, WILLIAM**
 STREET ADDRESS **41 LAKE FAIRGREEN CIRCLE**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

John F. Coleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

904-409-9985

Daytime Phone #

CR2E037 (9/99)