

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90013 002 ****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		
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	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UNRUE, JOHN E 27 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH, FL 32168			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, JOHN		NAME	VAZQUEZ, JOHN	
STREET ADDRESS	97 LAKE FAIRGREEN CIRCLE		STREET ADDRESS	97 Lake Fairgreen Circle	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSAY, RENNE		NAME	RAMSAY, RENNE	
STREET ADDRESS	116 LAKE FAIRGREEN CIRCLE		STREET ADDRESS	116 Lake Fairgreen Circle	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UNRUE, JOHN		NAME	BARNETT, PETER	
STREET ADDRESS	27 LAKE FAIRGREEN CIRCLE		STREET ADDRESS	61 LAKE FAIRGREEN CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAST, JOANNE		NAME	BEST, JOANNE	
STREET ADDRESS	35 LAKE FAIRGREEN CRILCE		STREET ADDRESS	35 LAKE FAIRGREEN CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEEDEN, RICHARD		NAME	TIVER, MORRISA	
STREET ADDRESS	63 LAKE FAIRGREEN CIRCLE		STREET ADDRESS	26 LAKE FAIRGREEN CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	CIPRA, GALE		NAME		
STREET ADDRESS	12 LAKE FAIRGREEN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
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: <i>John E Unrue</i>		JOHN E UNRUE		2/23/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 386-426-0555	