

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90259 024 \*\*\*\*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

1st MOORE

CR2E037 (10/05)

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

CHARBONNEAU, NICOLE R  
133 LAKE FAIRGREEN CIRCLE  
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name

Lois A. Strong

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

105 Golf Club Dr.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lois A. Strong (Lois A. Strong)

3/15/06

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EASTMAN, ALICE	
STREET ADDRESS	22 LAKE FAIRGREEN CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAMSAY, RENNE	
STREET ADDRESS	116 LAKE FAIRGREEN CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHARBONNEAU, NICOLE R	
STREET ADDRESS	133 LAKE FAIRGREEN CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TINER, MORRIS A	
STREET ADDRESS	26 LAKE FAIRGREEN CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARLISLE, HAROLD	
STREET ADDRESS	4 LAKE FAIRGREEN CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNETT, PETER	
STREET ADDRESS	61 LAKE FAIRGREEN CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON NORMAN	
STREET ADDRESS	101 Lake Fairgreen Circle	
CITY-ST-ZIP	New Smyrna Beach FL 32168	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard JODIN	
STREET ADDRESS	100 Lake Fairgreen Circle	
CITY-ST-ZIP	New Smyrna Beach FL 32168	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gladys Woodward	
STREET ADDRESS	104 Golf Club Drive	
CITY-ST-ZIP	New Smyrna Beach FL 32168	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lois A. Strong	
STREET ADDRESS	105 Golf Club Drive	
CITY-ST-ZIP	New Smyrna Beach FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Caldwell	
STREET ADDRESS	102 Golf Club Dr	
CITY-ST-ZIP	New Smyrna Beach FL 32168	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Bauknecht	
STREET ADDRESS	39 Lake Fairgreen Circle	
CITY-ST-ZIP	New Smyrna Beach FL 32168	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Lois A. Strong (Lois A. Strong)

3/15/06

386 428 2084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Page 2  
Attachment

<b>DOCUMENT # 749319</b> 1. Entity Name <b>FAIRGREEN UNIT VI OWNERS ASSOCIATION, INC.</b>					
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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1971601</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CHARBONNEAU, NICOLE R 133 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH FL 32168</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.					
SIGNATURE <u><i>Louis A. Strong (Louis A. Strong)</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>3/15/06</u>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P EASTMAN, ALICE 22 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH FL 32168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>George Jones</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>89 Lake Fairgreen Circle</b> <b>New Smyrna Beach FL 32168</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RAMSAY, RENNE 116 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH FL 32168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CHARBONNEAU, NICOLE R 133 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH FL 32168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TINER, MORRIS A 26 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH FL 32168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARLISLE, HAROLD 4 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH FL 32168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARNETT, PETER 61 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH FL 32168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.					

ATTACHMENT  
40039604