

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90294 035 ****61.25

DOCUMENT # 733117					
1. Entity Name FAIRGREEN UNIT 1B OWNERS' ASSOCIATION, INC.					
Principal Place of Business 11 PAR DRIVE NEW SMYRNA BEACH, FL 32168 US			Mailing Address 11 PAR DRIVE NEW SMYRNA BEACH, FL 32168 US		
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 59-1768046	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURDOCK, IRENE 11 PAR DRIVE NEW SMYRNA BEACH, FL 32168			7. Name and Address of New Registered Agent Name MURDOCK, IRENE Street Address (P.O. Box Number is Not Acceptable) SAME City FL 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 8, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> MURDOCK, IRENE <i>Secy Treas.</i> <input type="checkbox"/> Delete 11 PAR DR. NEW SMYRNA BEACH, FL 32168		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DeNauw, Victor (Director) 7 Par Drive New Smyrna Bch, FL 32168	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P MARCEAU, GERALD 4 BIRDIE DRIVE NEW SMYRNA BEACH, FL 32168		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D LANDRY, GEORGE 12 CHIP LANE NEW SMYRNA BEACH, FL 32168		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete WFO DENAUW, FRANK 5 PAR DR. NEW SMYRNA BEACH, FL 32168		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D SONGSTER, JOYCE 6 SANDRA CIRCLE NEW SMYRNA BEACH, FL 32168		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Martha Woods 5 Sandra Circle New Smyrna Bch, FL 32168	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D DEMPSEY, DIANE 19 EAGLE LANE NEW SMYRNA BEACH, FL 32168		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 Chapter 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: <i>Irene Murdock - Secy Treasurer</i>			4/15/06 386-428-5613		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		