2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 8:00 am Secretary of State

DOCUMENT # 733117 1. Entity Name FAIRGREEN UNIT 1B OWNERS' ASSOCIATION, INC.					04-16-2008 90038 042 ****61.25				
Principal Place of Business 11 PAR DRIVE 11 PAR DRIVE NEW SMYRNA BEACH, FL 32168 US NEW SMYRNA BEACH, FL 32168 US									
Principal Place of Business - No P.O. Box # 3. Mailing Address									
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 12 Chip Lane Suite, Apt. #, etc. Suite, Apt. #, etc.				04092008	Chg-NP	0)1 1861 618H 61	12 1 1 1 1 1 1 1 1 1 1 1 1		
City & State City & State					4. FEI Numbe 59-1768				oplied For
Zig 2)	Country	w smyrna Zip	Country		5. Certificate		red 🗀	\$8.75 Add	ditional
JAI	6. Name and Address of Current Regist	2168 ered Agent	USA		7. Name and	Address of N	ew Registe	Fee Require	
MURDOCH, IRENE				Address (P.O. Box Number is Not Acceptable)					
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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 : M.Q. A. J. L. A. D. D. A. D.						mdi	zef.	4-10	7-08
							<u> </u>		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	aign Financing ntribution.		\$5.00 May Bo Added to Fees	,	Florida D	check payable tepartment of S	tate
10.		Trust Fund Cor	aign Financing ntribution.		\$5.00 May Bo Added to Fees	,	Florida D	epartment of S	tate
TITLE NAME	OFFICERS AND DIRECTO ST MURDOCH, IRENE	Trust Fund Cor	raign Financing ntribution. 11. TITLE NAME		\$5.00 May Be Added to Fees	ANGES TO OF	FIORIDA D	epartment of S	tate
TITLE	OFFICERS AND DIRECTO ST MURDOCH, IRENE 11 PAR DR.	Trust Fund Cor	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS		\$5.00 May Bo Added to Fees	ANGES TO OF	FIORIDA D	epartment of S	tate
TITLE NAME STREET ADDRESS	OFFICERS AND DIRECTO ST MURDOCH, IRENE	Trust Fund Cor	raign Financing ntribution. 11. TITLE NAME		\$5.00 May Be Added to Fees	ANGES TO OF	FIORIDA D	epartment of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRECTO ST MURDOCH, IRENE 11 PAR DR. NEW SMYRNA BEACH, FL 32168 D DENAUW, VICTOR	Trust Fund Cor	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		\$5.00 May Be Added to Fees	ANGES TO OF	FIORIDA D	epartment of S	tate 110 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECTO ST MURDOCH, IRENE 11 PAR DR. NEW SMYRNA BEACH, FL 32168 D	Trust Fund Cor	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		\$5.00 May Be Added to Fees	ANGES TO OF	FIORIDA D	epartment of S	tate 110 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. 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: AND TYPESON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Landry 4-10-08 386-424-1961