


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 733118 1. Entity Name FAIRGREEN UNIT 1C OWNERS' ASSOCIATION, INC.	
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Principal Place of Business PO BOX 1354 NEW SMYRNA BCH, FL 32170 US	Mailing Address PO BOX 1354 NEW SMYRNA BCH, FL 32170 US
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DO NOT WRITE IN THIS SPACE



03042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1768372	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KETTERER, RUBY 25 STYMIE LANE NEW SMYRNA BEACH, FL 32170
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**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENNEY, DIANE 9 TRAP CIRCLE NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHMIELEWSKI, DOROTHY 1 TRAP CIRCLE NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAISER, VIRGINIA 27 STYMIE LANE NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTWORTH, ROBERT E 6 STYMIE LANE NEW SMYRNA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KETTERER, RUBY P 25 STYMIE LANE NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LONG, WILLIAM 5 TRAP CIRCLE NEW SMYRNA BEACH, FL 32168

**DO NOT WRITE
IN THIS SPACE**

U00000658602
03/15/07-80044-022 61.25

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: *Virginia E Kaiser* (Virginia E Kaiser) Treas. 3/4/07 386-426-5851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #