2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# 733118

Entity Name: FAIRGREEN UNIT 1C OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

FAIRGREEN H.O.A. UNIT 1-C
NEW SMYRNA BCH, FL 32170 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1354
NEW SMYRNA BCH, FL 32170 US

New Mailing Address:

FEI Number: 59-1768372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAISER, VIRGINIA
25 STYMIE LANE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MCKENNEY, DIANE	
Address:	9 TRAP CIRCLE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	S	( ) Delete
Name:	CHMIELEWSKI, DOROTHY	
Address:	1 TRAP CIRCLE	
City-St-Zip:	NEW SMYRNA BEACH, FL	
Title:	T	( ) Delete
Name:	KAISER, VIRGINIA	
Address:	27 STYMIE LANE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	V.P.	( ) Delete
Name:	NEWMAN, NORMA	
Address:	23 STYMIE LANE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	D	( ) Delete
Name:	KETTERER, RUBY P	
Address:	25 STYMIE LANE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	P	( ) Delete
Name:	LONG, WILLIAM	
Address:	5 TRAP CIRCLE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168 FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA KAISER T 03/01/2009

Electronic Signature of Signing Officer or Director — Date