
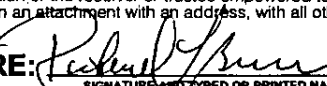


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90076 023 ****61.25

DOCUMENT # 743162 1. Entity Name FAIRGREEN UNIT IV OWNERS ASSOCIATION, INC.					
Principal Place of Business 7 ANDREA DR NEW SMYRNA BEACH, FL 32168-6136 US			Mailing Address 7 ANDREA DR NEW SMYRNA BEACH, FL 32168-6136 US		
2. Principal Place of Business - No P.O. Box # 19 ANDREA DRIVE Suite, Apt. #, etc.		3. Mailing Address 19 ANDREA DRIVE Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">40032628</div>  <div style="font-size: 0.8em;">01132007 Chg-NP CR2E037 (12/06)</div>	
City & State NEW SMYRNA BEACH FLORIDA Zip 32168-6136		City & State NEW SMYRNA BEACH FL Zip 32168-6136		4. FEI Number 59-1878716	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, DOROTHEA L 7 ANDREA DR NEW SMYRNA BEACH, FL 32168			7. Name and Address of New Registered Agent Name BURR, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 19 ANDREA DRIVE City NEW SMYRNA BEACH FL Zip Code 32168-6136		
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 RICHARD L. BURR <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<div style="text-align: center;">  <small>(NOTE: Registered Agent Signature required when reinstating)</small> </div>		
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		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	P CLARKE, DIANE 37 ANDREA DR NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YP PAYNE, SHIRLEY 32 ANDREA DRIVE NEW SMYRNA BEACH, FL 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, DOROTHEA 7 ANDREA DR NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRAY, BREECE 2 ANDREA DRIVE NEW SMYRNA BEACH, FL 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHORNSTEIN, NANCY 25 ANDREA DR NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPE, DAVID 9 ANDREA DRIVE NEW SMYRNA BEACH, FL 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABBATICCHIO, TAFFY 31 ANDREA DR NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD BURR 19 ANDREA DRIVE NEW SMYRNA BEACH FL 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, DORTHEA 7 ANDREA DR NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURR, RICHARD 19 ANDREA DRIVE NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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: 			RICHARD L. BURR TREASURER 3/12/07 428-5195		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		