

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90017 019 \*\*\*\*61.25

<b>DOCUMENT # 743162</b> 1. Entity Name <b>FAIRGREEN UNIT IV OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>19 ANDREA DRIVE NEW SMYRNA BEACH, FL 32168-6136 US</b>			Mailing Address <b>19 ANDREA DRIVE NEW SMYRNA BEACH, FL 32168-6136 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> <span>01182008 Chg-NP CR2E037 (12/06)</span> <div style="text-align: right;"> </div> </div>					
4. FEI Number <b>59-1878716</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BURR, RICHARD L 19 ANDREA DR NEW SMYRNA BEACH, FL 32168-6136</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARKÉ, DIANE 37 ANDREA DR NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAYNE SHIRLEY 32 ANDREA DRIVE NEW SMYRNA BEACH, FL 32168
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAYNE, SHIRLEY 32 ANDREA DRIVE NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUGAN, REBECCA 16 ANDREA DRIVE NEW SMYRNA BEACH FL 32168
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRAY, BREECE 2 ANDREA DRIVE NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEIER, WILLIAM 41 ANDREA DRIVE NEW SMYRNA BEACH FL 32168
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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	[Blank]
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPE, DAVID 9 ANDREA DRIVE NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURR, RICHARD 19 ANDREA DRIVE NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
<input type="checkbox"/> Delete		<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.					
<b>SIGNATURE:</b> <u>Richard L. Burr</u> <b>RICHARD L. BURR</b> <u>2/26/2008</u> <u>386-428-5195</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					