2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743162

FILED Feb 17, 2009 Secretary of State

Entity Name: FAIRGREEN UNIT IV OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 19 ANDREA DRIVE NEW SMYRNA BEACH, FL 321686136 US **Current Mailing Address: New Mailing Address:** 19 ANDREA DRIVE NEW SMYRNA BEACH, FL 321686136 US FEI Number: 59-1878716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURR, RICHARD L 19 ANDREA DR NEW SMYRNA BEACH, FL 321686136 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PAYNE, SHIRLEY Name: Name: 32 ANDREA DRIVE Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: Title: () Delete Title: (X) Change () Addition DUGAN, REBECCA Name: RUSS, MILLER Name: Address: 16 ANDREA DRIVE Address: 7 ANDREA DRIVE City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: NEW SMYRNA BEACH, FL 32168 Title: () Delete Title: (X) Change () Addition MCCRAY, BREECE MCCRAY, BREECE Name: Name: 2 ANDREA DRIVE Address: Address: 2 ANDREA DRIVE City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: NEW SMYRNA BEACH, FL 32168 () Delete Title: Title: () Change () Addition Name: ABBATICCHIO, TAFFY Name: Address: 31 ANDREA DR Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: Title: () Delete Title: (X) Change () Addition CAPE, DAVID CAPE, DAVID Name: Name: 9 ANDREAB DRIVE 9 ANDREA DRIVE Address: Address: NEW SMYRNA BEACH, FL 32168 City-St-Zip: City-St-Zip: NEW SMYRNA BEACH, FL 32168 Title: () Delete Title: () Change () Addition BURR, RICHARD Name: Name: 19 ANDREA DRIVE Address: Address: NEW SMYRNA BEACH, FL 32168 City-St-Zip: 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: RICHARD L. BURR TRES 02/17/2009