## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 748173**

FILED Jan 30, 2009 Secretary of State

Entity Name: FAIRGREEN UNIT VOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 35 BOGEY CIRCLE 35 BOGEY CIRCLE P.O. BOX 1335 NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32170 **New Mailing Address: Current Mailing Address:** 35 BOGEY CIRCLE P.O. BOX 1335 NEW SMYRNA BEACH, FL 32170 FEI Number: 59-1936141 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: DIDAS, RICHARD 35 BOGEY CIRCLE NEW SMYRNA BEACH, FL 32168 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 WOLF, SHARON Name: Name: 7 BOGEY CIRCLE Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: Title: Title: ( ) Delete () Change () Addition LUCILLE, HUNTER Name: Name: Address: 104 PAR DRIVE Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: Title: () Delete Title: () Change () Addition DIDAS, RICHARD Name: Name: 35 BOGEY CIRCLE Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL City-St-Zip: Title: VΡ Title: (X) Change ( ) Addition ( ) Delete CARPENTER, SHIRLEY Name: SHAW, HOLLIS Name: Address: 12 BOGEY CIRCLE Address: 44 BOGEY CIRCLE City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: NEW SMYRNA BEACH, FL 32168 Title: () Delete Title: (X) Change ( ) Addition ALLEN, YVONNE ALLEN, YVONNE Name: Name: 37 BOGY CIR 37 BOGEY CIRCLE Address: Address: NEW SMYRNA BEACH, FL 32168 City-St-Zip: City-St-Zip: NEW SMYRNA BEACH, FL 32168 Title: () Delete Title: () Change () Addition VAZQUEZ, JOHN Name: Name: 16 GRACE 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 A. DIDAS DT 01/30/2009