2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# 749319

Entity Name: FAIRGREEN UNIT VI OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 2665
NEW SMYRNA BEACH, FL 32170

New Principal Place of Business:

105 GOLF CLUB DR
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

P.O. BOX 2665
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-1971601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRONG, LOIS A
105 GOLF CLUB DR
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:	P	( ) Delete
Name:	JODOIN, RICHARD	
Address:	100 LAKE FAIRGREEN CIRCLE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	V	( ) Delete
Name:	CALDWELL, JAMES	
Address:	102 GOLF CLUB DR	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	S	( ) Delete
Name:	GREENE, DONNA	
Address:	97 LAKE FAIRGREEN CIRCLE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	T	( ) Delete
Name:	STRONG, LOIS A	
Address:	105 GOLF CLUB DR	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	D	( ) Delete
Name:	CHARBONNEAU, EDWARD	
Address:	133 LAKE FAIRGREEN CIR	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	D	( ) Delete
Name:	BAUKNECHT, FRED	
Address:	39 LAKE FAIRGREEN CIRCLE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	

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: LOIS A. STRONG TREA 02/02/2009

Electronic Signature of Signing Officer or Director — Date