

FILE NOW: FILING FEE IS \$61.25

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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05958 (6)
1. Corporation Name
FAIRGREEN SQUARE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 810 FAIRWAY DRIVE NEW SMYRNA BEACH FL 32168	Mailing Address 810 FAIRWAY DRIVE NEW SMYRNA BEACH FL 32168
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3. Date Incorporated or Qualified 11/01/1984
4. FEI Number 59-2637556
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1136 FAIRVILLA DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 1136 FAIRVILLA DRIVE Suite, Apt. #, etc.
City & State 23 NEW SMYRNA BEACH, FL	City & State 27 NEW SMYRNA BEACH, FL
Zip 24 32168 Country 25 USA	Zip 29 32168 Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**BREWER, MICHAEL L
500 CANAL STREET
NEW SMYRNA BEACH FL 32168**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIPE, JEANNE C	
STREET ADDRESS	801 FAIRWAY DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ALBERT, ROLAND	
STREET ADDRESS	1124 FAIRVILLA DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32170	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CROUSE, GLORIA	
STREET ADDRESS	1156 FAIRVILLA DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	POSTELWAIT, ELOISE	
STREET ADDRESS	1138 FAIRVILLA DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TUZZO, MICHAEL	
STREET ADDRESS	80 ANGELA LANE	
CITY-ST-ZIP	CHEEKTOWAGA NY 14225	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETROWSKI, FRANK	
STREET ADDRESS	3491 PRINCETON DRIVE S.	
CITY-ST-ZIP	WANTAGH NY 11793	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GALLAS, JOHN P	
2.3 STREET ADDRESS	1136 FAIRVILLA DRIVE	
2.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
3.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ZABORSKI, EDWARD	
3.3 STREET ADDRESS	4832 STAGHORN COURT	
3.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GAUDET, ARTHUR	
4.3 STREET ADDRESS	16 WOODLAWN ST.	
4.4 CITY-ST-ZIP	AMESBURY, MA 01913	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KRAUSER, ROBERT	
5.3 STREET ADDRESS	831 DUMFRIES ST.	
5.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SMITH, SARAH	
6.3 STREET ADDRESS	1196 FAIRVILLA DRIVE	
6.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* JOHN P GALLAS 5/15/98 (90A) 409-8599

CR2E037 (10/97)