

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90025 033 ****61.25

0000077

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05958

1. Corporation Name

FAIRGREEN SQUARE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

1136 FAIRVILLA DRIVE
NEW SMYRNA BEACH FL 32168
US

Mailing Address

1136 FAIRVILLA DRIVE
NEW SMYRNA BEACH FL 32168
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/01/1984

4. FEI Number

59-2637556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME **D**
LIPE, JEANNE C
STREET ADDRESS **801 FAIRWAY DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ DELETE

NAME **PD**
GALLAS, JOHN P
STREET ADDRESS **1136 FAIRVILLA DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ DELETE

NAME **VPD**
ZASOWSKI, EDWARD
STREET ADDRESS **4832 STAGHORN COURT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ DELETE

NAME **D**
GAUDET, ARTHUR
STREET ADDRESS **16 WOODLAWN STREET**
CITY-ST-ZIP **AMESBURY MA**

TITLE ☒ DELETE

NAME **D**
KRAUSER, ROBERT
STREET ADDRESS **831 DOUGHERTY STREET**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ DELETE

NAME **D**
SMITH, SARAH
STREET ADDRESS **1146 FAIRVILLA DRIVE**
CITY-ST-ZIP **NEW SPRINGS FL 32168**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

GAUDET, ARTHUR

SMITH, SARAH

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, with all other like empowered.

SIGNATURE:

KATHERINE HARRIS
KATHERINE HARRIS, SECRETARY OF STATE

5/28/99 (904) 409-8599
Date Daytime Phone #

CR2E037 (11/98)