

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90331 039 \*\*\*\*61.25

000610

**DOCUMENT # N05958**

1. Entity Name

**FAIRGREEN SQUARE HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

**1138 FAIRVILLA DR  
 NEW SMYRNA BEACH FL 32168  
 US**

Mailing Address

**1138 FAIRVILLA DR  
 NEW SMYRNA BEACH FL 32168  
 US**

745502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2637556**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BREWER, MICHAEL L  
 500 CANAL STREET  
 NEW SMYRNA BEACH FL 32168**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 Frank Petrowskie  
 3491 Princeton Dr. S. Wantagh, NY** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VT  
 POSTLETHWAIT, ELOISE  
 1138 FAIRVILLA DR  
 NEW SMYRNA BEACH FL 32168** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V/S  
 Gloria Crouse  
 1156 FairVilla Dr  
 New Smyrna Beach, FL 32168** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 ZASOWSKI, EDWARD  
 655 MIDDLEBURY LOOP  
 NEW SMYRNA BEACH FL 32168** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 Zasowski, Edward  
 232 Golf Club Dr.  
 New Smyrna Beach FL 32168** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P  
 GALIDET, ARTHUR  
 16 WOODLAWN STREET  
 AMESBURY MA 01913** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 SMITH, SARA  
 1146 FAIRVILLA DRIVE  
 NEW SPRINGS FL 32168** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 SHANNON, DEBRA  
 909 FAIR VILLA DR  
 NEW SMYRNA BEACH FL 32168** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Arthur Galidet*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/01

CR2E037 (10/00)