

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05958

1. Entity Name

FAIRGREEN SQUARE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1138 FAIRVILLA DR
NEW SMYRNA BEACH FL 32168
US

1138 FAIRVILLA DR
NEW SMYRNA BEACH FL 32168
US

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

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

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

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

TITLE ☐ Delete
NAME ZASOWSKI, EDWARD
STREET ADDRESS 232 GOLF CLUB DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

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

TITLE ☐ Delete
NAME GALIDETT, ARTHUR
STREET ADDRESS 18 WOODLAWN STREET
CITY-ST-ZIP AMESBURY MA 01913

TITLE ☒ Change ☐ Addition
NAME P Gaudet, Arthur
STREET ADDRESS 14 Saltmarsh Ave.
CITY-ST-ZIP Seabrook, NH 03874

TITLE ☐ Delete
NAME SMITH, SARA
STREET ADDRESS 1148 FAIRVILLA DRIVE
CITY-ST-ZIP NEW SPRINGS FL 32168

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

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

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

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 GALIDETT

SIGNATURE REQUIRED

Arthur B. Gaudet 1/15/02

Daytime Phone #

CR2E037 (9/01)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90101 035 ****61.25



DO NOT WRITE IN THIS SPACE