

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90032 049 \*\*\*\*61.25

**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

2. Principal Place of Business - No P.O. Box #

1156 Fairville Dr.

Suite, Apt. #, etc.

3. Mailing Address

1156 FAIRVILLE DR.

Suite, Apt. #, etc.

City & State

NSB, FL

City & State

NSB, FL

Zip

32168

Country

USA

Zip

32168

Country

USA

6. Name and Address of Current Registered Agent

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

4. FEI Number

59-2637556

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**

**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ZASOWSKI, MILLIE  
STREET ADDRESS 232 GOLF CLUB DR.  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

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

TITLE P ☐ Delete  
NAME RICE, WILLIAM  
STREET ADDRESS 1118 FAIRVILA DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE D ☐ Delete  
NAME GAUDET, ARTHUR  
STREET ADDRESS 14 SALT MARSH AVE  
CITY-ST-ZIP SEABROOK NH 03874

TITLE S/VP ☐ Delete  
NAME CROUSE, GLORIA  
STREET ADDRESS 1156 FAIRVILLA DR  
CITY-ST-ZIP NEW SPRINGS FL 32168

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME T. Mike Zasowski  
STREET ADDRESS 232 GOLF CLUB DR.  
CITY-ST-ZIP NSB, FL 32168

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 exemptions contained in Section 119, 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:

Gloria Crouse (Gloria Crouse) 2/11/08 326-468-0458