

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90147 012 \*\*\*\*61.25

0009623

**DOCUMENT # N23957**  
 1. Entity Name  
**FAIRGREEN UNIT VII OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>323 CITRUS OPEN DRIVE          NEW SMYRNA BCH FL 32168          US</b>	Mailing Address <b>323 CITRUS OPEN DRIVE          NEW SMYRNA BEACH FL 32168          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2870564</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**HEMANN, FLORENCE  
 203 FAIRGREEN AVENUE  
 NEW SMYRNA BEACH FL 32168**

**7. Name and Address of New Registered Agent**  
 Name **John J. Clark**  
 Street Address (P.O. Box Number is Not Acceptable)  
**212 Fairgreen Ave**  
 City **New Smyrna Beach FL** Zip Code **32168**

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 *X Gloria Earl* DATE **4-26-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HEMANN, FLORENCE D</b> <b>203 FAIRGREEN AVE</b> <b>NEW SMYRNA BCH. FL 32168</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EARL, GLORIA</b> <b>206 FAIRGREEN AVE</b> <b>NEW SMYRNA BCH FL 32168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARK, JOHN</b> <b>212 FAIRGREEN AVE</b> <b>NEW SMYRNA BEACH FL 32168</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>John J. Clark</i> <b>212 Fairgreen Ave</b> <b>N.S.B., FL 32168</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>X CAROLAN C. STANGE!</i> <b>323 Citrus Open Dr.</b> <b>New Smyrna Beach, FL 32168</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Deane Seltzer</i> <b>229 Fairgreen Ave</b> <b>N.S.B., FL 32168</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>William F. Powell</i> <b>318 Citrus Open Dr</b> <b>N.S.B. FL.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *X Gloria Earl* DATE **4-26-01** (386) 409-9917  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (10/00)