

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-20-2002 90020 008 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23957

1. Entity Name

FAIRGREEN UNIT VII OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

323 CITRUS OPEN DRIVE
NEW SMYRNA BCH FL 32168
US

323 CITRUS OPEN DRIVE
NEW SMYRNA BEACH FL 32168
US

24887



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2870564

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

~~CLARK, JOHN J
212 FAIRGREEN AVE
NEW SMYRNA BEACH FL 32168~~

Name: DIANE GREYER
Street Address (P.O. Box Number is Not Acceptable): 229 FAIRGREEN AVE
NEW SMYRNA BEACH
City: 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: Clayheese Grether
Signature, typed or printed name of registered agent and title if applicable.

4/6/02
DATE

(NOTE: Registered Agent signature required when reinstating)

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: D Delete
NAME: HEMANN, FLORENCE D
STREET ADDRESS: 203 FAIRGREEN AVE
CITY-ST-ZIP: NEW SMYRNA BCH FL 32168

TITLE: PRESIDENT Change Addition
NAME: DIANE GREYER
STREET ADDRESS: 229 FAIRGREEN AVE
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32168

TITLE: D Delete
NAME: EARL, GLORIA
STREET ADDRESS: 208 FAIRGREEN AVE
CITY-ST-ZIP: NEW SMYRNA BCH FL 32168

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

TITLE: D Delete
NAME: CLARK, JOHN
STREET ADDRESS: 212 FAIRGREEN AVE
CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168

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

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Change Addition
NAME: CAROLYN STENGER
STREET ADDRESS: 329 Citrus Open Dr.
CITY-ST-ZIP: New Smyrna Bch Fl. 32168
Secretary

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
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)(l), 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: DIANE GREYER 1/8/02 986-426-7215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)