


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90016 023 \*\*\*\*61.25

<b>DOCUMENT # N23957</b>					
1. Entity Name <b>FAIRGREEN UNIT VII OWNERS ASSOCIATION, INC.</b>					
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>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2870564</b>	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>GRETHER, DIANE 229 FAIRGREEN AVE NEW SMYRNA BEACH FL 32168</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRETHER, DIANE		NAME	BUNNY HARDING	
STREET ADDRESS	229 FAIRGREEN AVE		STREET ADDRESS	228 Fairgreen Ave.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32168		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARNELL, DEAN		NAME	Tom De Simone	
STREET ADDRESS	325 CITRUS OPEN DR		STREET ADDRESS	226 Fairgreen Ave.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REDEKER, WAYNE		NAME	Sabra Hamilton	
STREET ADDRESS	224 FARRGREEN AVE		STREET ADDRESS	205 Fairgreen Ave.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENGEL, CAROLYN		NAME		
STREET ADDRESS	329 CITRUS OPEN DR		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, JANE		NAME		
STREET ADDRESS	318 CITRUS OPEN DR		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Diane Grether</i> <b>DIANE GRETHER</b>			Date: <i>1/30/04</i> 386-426-7215		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		