


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90162 030 ****61.25

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



Principal Place of Business: **323 CITRUS OPEN DRIVE
NEW SMYRNA BCH FL 32168
US**
Mailing Address: **323 CITRUS OPEN DRIVE
NEW SMYRNA BEACH FL 32168
US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: City & State
Zip: Country



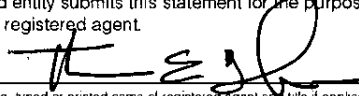
1st MOORE CR2E037 (10/04)

4. FEI Number: **59-2870564**
Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~GRETHER, DIANE
229 FAIRGREEN AVE
NEW SMYRNA BEACH FL 32168~~

7. Name and Address of New Registered Agent
Name: **Tom De Simone**
Street Address: **226 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  DATE: **March 4, 2005**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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: PD NAME: GRETHER, DIANE STREET ADDRESS: 229 FAIRGREEN AVE CITY-ST-ZIP: NEW SMYRNA BCH. FL 32168	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: DARNELL, DEAN STREET ADDRESS: 325 CITRUS OPEN DR CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE: TD NAME: REDEKER, WAYNE STREET ADDRESS: 224 FAIRGREEN AVE CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE: SD NAME: STENGEL, CAROLYN STREET ADDRESS: 329 CITRUS OPEN DR CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: HARDING, GUNNY STREET ADDRESS: 228 FAIRGREEN AVE. CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE: D NAME: SIMONE, TOM DE STREET ADDRESS: 226 FAIRGREEN AVE. CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: Paul Tidman STREET ADDRESS: 225 Fairgreen Ave. CITY-ST-ZIP: New Smyrna Beach FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Alida Cornelius STREET ADDRESS: 331 Citrus Open Dr CITY-ST-ZIP: New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: Sabre Hamilton STREET ADDRESS: 205 Fairgreen Ave. CITY-ST-ZIP: New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: Bunny Harding STREET ADDRESS: 228 Fairgreen Ave. CITY-ST-ZIP: New Smyrna Beach, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: Tom De Simone STREET ADDRESS: 226 Fairgreen Ave. CITY-ST-ZIP: New Smyrna Beach, FL 32168	<input checked="" 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:  DATE: **3/4/05** DAYPHONE: **386-478-1736**