


**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



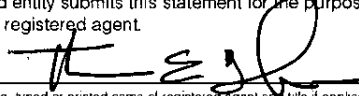
1st MOORE CR2E037 (10/04)

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 (P.O. Box Number is Not Acceptable): **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**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Tidman	
STREET ADDRESS	225 Fairgreen Ave.	
CITY-ST-ZIP	New Smyrna Beach FL 32168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alida Cornelius	
STREET ADDRESS	331 Citrus Open Dr	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sabre Hamilton	
STREET ADDRESS	205 Fairgreen Ave.	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bunny Harding	
STREET ADDRESS	228 Fairgreen Ave.	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom De Simone	
STREET ADDRESS	226 Fairgreen Ave.	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #