

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90143 047 ****61.25



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

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



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
59-2870564 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

DESIMONE, TOM
226 FAIRGREEN AVE
NEW SMYRNA BEACH FL 32168

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	TIDMAN, PAUL	
STREET ADDRESS	225 FAIRGREEN AVE	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32168	
TITLE	VD	<input checked="" 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	D	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, SABRE	
STREET ADDRESS	205 FAIRGREEN AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARDING, BUNNY	
STREET ADDRESS	228 FAIRGREEN AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DESIMONE, TOM	
STREET ADDRESS	226 FAIRGREEN AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alida Cornelius	
STREET ADDRESS	331 Citrus Open Drive	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]* 3/28/06 386-478-1736