


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90054 032 \*\*\*\*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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2870564	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DESIMONE, TOM 226 FAIRGREEN AVE NEW SMYRNA BEACH FL 32168			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIDMAN, PAUL		NAME		
STREET ADDRESS	225 FAIRGREEN AVE		STREET ADDRESS		
CITY- ST- ZIP	NEW SMYRNA BCH. FL 32168		CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CORNELIUS, ALIDA		NAME	D ALLEN, DICK	
STREET ADDRESS	331 CITRUS OPEN DR		STREET ADDRESS	303 Citrus Open Dr.	
CITY- ST- ZIP	NEW SMYRNA BEACH FL 32168		CITY- ST- ZIP	New Smyrna Beach, FL 32168	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REDEKER, WAYNE		NAME		
STREET ADDRESS	224 FAIRGREEN AVE		STREET ADDRESS		
CITY- ST- ZIP	NEW SMYRNA BEACH FL 32168		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDING, BUNNY		NAME		
STREET ADDRESS	228 FAIRGREEN AVE.		STREET ADDRESS		
CITY- ST- ZIP	NEW SMYRNA BEACH FL 32168		CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DESIMONE, TOM		NAME		
STREET ADDRESS	226 FAIRGREEN AVE.		STREET ADDRESS		
CITY- ST- ZIP	NEW SMYRNA BEACH FL 32168		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Hall, Will		NAME		
STREET ADDRESS	323 Citrus Open Dr.		STREET ADDRESS		
CITY- ST- ZIP	New Smyrna Beach, FL 32168		CITY- ST- ZIP		



1st MOORE CR2E037 (10/06)

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: *M. Wayne Redeker, Treasurer* 1/31/07 428-0163 <sup>386-</sup>

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