


**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      Mailing Address  
 323 CITRUS OPEN DRIVE      323 CITRUS OPEN DRIVE  
 NEW SMYRNA BCH FL 32168      NEW SMYRNA BEACH FL 32168  
 US      US



1st MOORE      CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2870564**      Not Applicable  
 5. Certificate of Status Desired       **\$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      **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, 2007**

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	D	<input type="checkbox"/> Delete
NAME	TIDMAN, PAUL	
STREET ADDRESS	225 FAIRGREEN AVE	
CITY- ST- ZIP	NEW SMYRNA BCH. FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORNELIUS, ALIDA	
STREET ADDRESS	331 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 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	D	<input type="checkbox"/> Delete
NAME	Hall, Will	
STREET ADDRESS	320 Citrus Open Dr	
CITY- ST- ZIP	New Smyrna Beach, FL 32168	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	ALLEN, DICK	
STREET ADDRESS	303 Citrus Open Dr.	
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		

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*      Date: *1/31/07*      Daytime Phone #: *386-428-0163*