


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # N23957 1. Entity Name FAIRGREEN UNIT VII OWNERS ASSOCIATION, INC.	
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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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

1st MOORE CR2E037 (10/07)

Zip	Country	Zip	Country
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4. FEI Number 59-2870564	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

DESIMONE, TOM 226 FAIRGREEN AVE NEW SMYRNA BEACH FL 32168	Name
Street Address (P.O. Box Number is Not Acceptable)	City
State: FL	Zip Code

7. Name and Address of New Registered Agent

Name	City
Street Address (P.O. Box Number is Not Acceptable)	State
City	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 _____	DATE _____
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FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 type="checkbox"/> Delete	NAME	DICK, ALLEN	STREET ADDRESS	303 CITRUS OPEN DRIVE	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 DRIVE	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		<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
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP

000000888409
04/22/08-80033-004 61.25

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: *Wayne Redeker, M.W. Redeker, Treasurer 4/6/08 386-428-0163*