


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.	
--	---

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
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

1st MOORE CR2E037 (10/07)

4. FEI Number 59-2870564	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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
--	--

Name	State
Street Address (P.O. Box Number is Not Acceptable)	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 with this filing) _____ DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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
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: *Wayne Redeker, M.W. Redeker, Treasurer* 4/6/08 428-0163 ³⁸⁶⁻