

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23957

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: FAIRGREEN UNIT VII OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

323 CITRUS OPEN DRIVE  
NEW SMYRNA BCH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

323 CITRUS OPEN DRIVE  
NEW SMYRNA BEACH, FL 32168 US

**New Mailing Address:**

323 CITRUS OPEN DRIVE  
NEW SMYRNA BCH, FL 32168 US

FEI Number: 59-2870564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DESIMONE, TOM  
226 FAIRGREEN AVE  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TIDMAN, PAUL  
Address: 225 FAIRGREEN AVE  
City-St-Zip: NEW SMYRNA BCH., FL 32168

Title: D ( ) Delete  
Name: DICK, ALLEN  
Address: 303 CITRUS OPEN DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: TD ( ) Delete  
Name: REDEKER, WAYNE  
Address: 224 FARRGREEN AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD ( ) Delete  
Name: HARDING, BUNNY  
Address: 228 FAIRGREEN AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PD ( ) Delete  
Name: DESIMONE, TOM  
Address: 226 FAIRGREEN AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: HALL, WILL  
Address: 320 CITRUS OPEN DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE REDEKER

TD

01/08/2009

Electronic Signature of Signing Officer or Director

Date