

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90045 024 ****70.00

DOCUMENT # N35089

1. Entity Name

FAIRGREEN HOMEOWNERS POOL ASSOCIATION, INC.



Principal Place of Business

211 FAIRGREEN AVENUE
P.O. BOX 1582
NEW SMYRNA BEACH FL 32170-1582

Mailing Address

P.O. BOX 1582
NEW SMYRNA BEACH FL 32170-1582



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2976692

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, SID C JR
418 CANAL ST
NEW SMYRNA BEACH FL 32168

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	PD	<input type="checkbox"/> Delete
NAME	PRIAL, PHILIP J	
STREET ADDRESS	201 FAIRGREEN AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE	DT	<input type="checkbox"/> Delete
NAME	COLE, MARY L	
STREET ADDRESS	8 STYMIE LANE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE	D	<input type="checkbox"/> Delete
NAME	SHANNON, DEBRA	
STREET ADDRESS	909 FAIRVILLA DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, BRUCE	
STREET ADDRESS	33 SANDRA CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BATA, DAVID	
STREET ADDRESS	215 FAIRGREEN AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DARNELL, DEAN	
STREET ADDRESS	310 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	

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: Mary L. Cole, Treasurer

Mary L. Cole 1/18/06 (386) 427-6399