

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35089

FILED
Feb 16, 2009
Secretary of State

Entity Name: FAIRGREEN HOMEOWNERS POOL ASSOCIATION, INC.

Current Principal Place of Business:

211 FAIRGREEN AVENUE
P.O. BOX 1582
NEW SMYRNA BEACH, FL 321701582

New Principal Place of Business:

211 FAIRGREEN AVENUE
NEW SMYRNA BEACH, FL 321701582

Current Mailing Address:

P.O. BOX 1582
NEW SMYRNA BEACH, FL 321701582

New Mailing Address:

FEI Number: 59-2976692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PETERSON, SID C JR
418 CANAL ST
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: PD () Delete
Name: GLADLE, DON
Address: 305 CITRUS OPEN DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DT () Delete
Name: COLE, MARY L
Address: 8 STYMIE LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DS () Delete
Name: WOODS, MARTHA
Address: 5 SANDRA CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: BLACK, BRUCE
Address: 33 SANDRA CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: WOODS, FRED
Address: 5 SANDRA CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: LAVELLE, PAT
Address: 25 FORE 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: D VP (X) Change () Addition
Name: BLACK, BRUCE
Address: 33 SANDRA CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: MARY L. COLE

TRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date