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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT		Secretary of State
OCUMENT # N46876 Entity Name		03-18-2005 90079 038 ****61.25

FAIRGREEN UNIT VIII OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 50028063 251 GOLF CLUB DR 251 GOLF CLUB DR NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168 Principal Place of Business 3. Mailing Address O. BOX 1606 P. O. BOX Suite, Apt. #, etc Suite, Apt. #, etc 01102005 Chg-NP CR2E037 (10/03) New Smyrna Bch. F Applied For City & State 4. FEI Number 59-3109117 Not Applicable Country V5A \$8.75 Additional 5. Certificate of Status Desired USA 32170-1606 32170-1606 Fee Required __ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Patricia INSKIP, ROGER A Street Address (P.O. Box Number is Not Acceptable) 251 GOLF CLUB DR NEW SMYRNA BCH, FL 32168 Golf Club Zip Code 32/68 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 the obligations of registered agent. SIGNATURE Signature, typed or printed in 9. Election Campaign Financing Make check payable to · Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. VPD PD TITLE ☐ Delete TITLE Change ☐ Addition CRISWELL, CHARLES NAME NAME STREET ADDRESS 202 GOLF CLUB DR STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP CITY-ST-7IP Addition TITLE Delete TITLE ☐ Change ALCORN, THOMAS Salvas, Ken 220 Golf Clu NAME NAME STREET ADDRESS 240 GOLF CLUB DR STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BCH, FL 32168 CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOORE, ANN NAME NAME 238 GOLF CLUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP PDRA 🤏 🐃 TITLE Delete TITLE Change ☐ Addition INSKIP, ROGER NAME NAME STREET ADDRESS 251 GOLF CLUB DRIVE STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BECH, FL 32168 CITY-ST-ZIP SD me ☐ Delete TITLE . 🔲 Change Addition NAME VÁNECK, PATRICIA NAME 253 GOLF CLUB DR STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition Walley St. 18 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachmen

SIGNATURE: