

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

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90039 037 \*\*\*\*61.25

**DOCUMENT # N46876**

1. Entity Name

FAIRGREEN UNIT VIII OWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 1606  
NEW SMYRNA BEACH FL 32170-1606

Mailing Address

P.O. BOX 1606  
NEW SMYRNA BEACH FL 32170-1606  
US



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

59-3109117

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

VANECK, PATRICIA J  
253 GOLF CLUB DR  
NEW SMYRNA BCH 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 reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME CRISWELL, CHARLES ☒ Delete  
STREET ADDRESS 202 GOLF CLUB DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE PD ☐ Change ☒ Addition  
NAME ~~CRISWELL, CHARLES~~ INSKIP, ROGER A.  
STREET ADDRESS 251 GOLF CLUB DR  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE D ☒ Delete  
NAME SALVAS, KEN  
STREET ADDRESS 220 GOLF CLUB DRIVE  
CITY-ST-ZIP NEW SMYRNA BCH FL 32168

TITLE D ☐ Change ☒ Addition  
NAME JOHNSON, FRED  
STREET ADDRESS 257 GOLF CLUB DR.  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE TD ☐ Delete  
NAME MOORE, ANN  
STREET ADDRESS 238 GOLF CLUB DRIVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME VANECK, PATRICIA  
STREET ADDRESS 253 GOLF CLUB DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Roger A. Inskip* ROGER A. INSKIP, PRES 2/2/06 386-428-5754