

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46876

FILED
Apr 09, 2009
Secretary of State

Entity Name: FAIRGREEN UNIT VIII OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

251 GOLF CLUB DR.
NEW SMYRNA BEACH, FL 32167 US

New Principal Place of Business:

251 GOLF CLUB DR.
NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address:

P.O. BOX 1606
NEW SMYRNA BEACH, FL 321701606 US

New Mailing Address:

FEI Number: 59-3109117 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VANECK, PATRICIA J
253 GOLF CLUB DR
NEW SMYRNA BCH, 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: INSKIP, ROGER A
Address: 251 GOLF CLUB DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: JOHNSON, FRED
Address: 257 GOLF CLUB DR
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: TD () Delete
Name: MOORE, ANN
Address: 238 GOLF CLUB DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD () Delete
Name: VANECK, PATRICIA
Address: 253 GOLF CLUB DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VPD () Delete
Name: DAHL, JOHN
Address: 219 GOLF CLUB DR
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: VPD (X) Change () Addition
Name: VAZQUEZ, JOHN
Address: 248 GOLF CLUB DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: ROGER A. INSKIP

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date