

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 28 PM 6:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 739462 (0)

1. Corporation Name

GREENTREE VILLAGE PROPERTY OWNERS ASSOCIATION, I  
NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PO BOX 7182 GAINESVILLE FL 32605 US	PO BOX 7182 GAINESVILLE FL 32605 US

3. Date Incorporated or Qualified	3a. Date of Last Report
06/23/1977	04/25/1994
4. FEI Number	Applied For
59-2814918	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WALKER, SCOTT  
527 E. UNIVERSITY AVE.  
GAINESVILLE FL 32602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	O'MAHONEY, PEGGY
STREET ADDRESS	3318 SE 23RD AVE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	WARREN, ELMIRA K.
STREET ADDRESS	5516 NW 29TH TERR.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	WALKER, SCOTT
STREET ADDRESS	527 E. UNIVERSITY AVE.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	PETERSON, ALMA
STREET ADDRESS	RR BOX 2022
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	ERWIN, BARBARA
STREET ADDRESS	7913 SW 47 CT.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	ST
NAME	WEST, BETTY
STREET ADDRESS	2210 SE 34TH TERR.
CITY - ST - ZIP	GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if checked, or on an attachment with an affidavit.

SIGNATURE: Scott Walker Date: 4/25/95 (904) 372-8701