

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 739462 (0)

1. Corporation Name

GREENTREE VILLAGE PROPERTY OWNERS ASSOCIATION, INC.



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

06/23/1977

3a. Date of Last Report

04/28/1995

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

Zip

Country

24

25

29

30

4. FEI Number

59-2814918

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	PRESIDENT / D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GLORIA J. MARTIN	
1.3 STREET ADDRESS	5501 N.W. 53RD CT.	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32653	
2.1 TITLE	VICE PRESIDENT / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT A. MITCHELL	
2.3 STREET ADDRESS	7818 NW 22ND LANE	
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
3.1 TITLE	TREASURER / D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NEAL BALANOFF	
3.3 STREET ADDRESS	2285 NW 17TH AVE.	
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HARVEY J. PLEIMAN	
4.3 STREET ADDRESS	6110 NW 33RD TERR.	
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32653	
5.1 TITLE	SECRETARY / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARGARET J. LIBERTUS	
6.3 STREET ADDRESS	3410 SE 23RD AVE.	
6.4 CITY-ST-ZIP	GAINESVILLE, FL 32641	

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 119.07(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 changed, or on an attachment with an address.

SIGNATURE:

Neal Balanoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96

Date

(352) 373-7324

Daytime Phone #

CR2E037 (12/95)