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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739462 (0)
1. Corporation Name
GREENTREE VILLAGE PROPERTY OWNERS ASSOCIATION, I NC.



Principal Place of Business PO BOX 7182 GAINESVILLE FL 32605 US	Mailing Address PO BOX 7182 GAINESVILLE FL 32605-7182 US
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3. Date Incorporated or Qualified 06/23/1977	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2814918	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State 28	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent
**WALKER, SCOTT
527 E. UNIVERSITY AVE.
GAINESVILLE FL 32602-32601**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code** **32601**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME GLORIA J. MARTIN	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5501 NW 53RD CT	CITY-ST-ZIP GAINESVILLE FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP 32653	
TITLE VPD	NAME ROBERT A. MITCHELL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7818 NW 22ND LANE	CITY-ST-ZIP GAINESVILLE FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP 32605	
TITLE D	NAME WALKER, SCOTT	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 527 E. UNIVERSITY AVE.	CITY-ST-ZIP GAINESVILLE FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP 32601	
TITLE D	NAME HARVEY J. PLEIMAN	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6110 NW 33RD TERRACE	CITY-ST-ZIP GAINESVILLE FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP 32653	
TITLE SD	NAME ERWIN, BARBARA	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7913 SW 47 CT.	CITY-ST-ZIP GAINESVILLE FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP GAINESVILLE, FL 32605	
TITLE D	NAME MARGARET J. LIBERTUS	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3410 SE 23RD AVENUE	CITY-ST-ZIP GAINESVILLE FL	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP 32647	

14. I do 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 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 Balandoff* **4-18-97 (352) 378-7324**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010842

CR2E037 (9/96)