2003 NOT-FOR-PROFIT CORPORATION

Apr 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # 754528 1. Entity Name 04-07-2003 91053 043 ****70 00 GREEN HILL CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 8909 N.W. 36TH DR. 8909 N.W. 38TH DR. **CORAL SPRINGS FL 33065** CORAL SPRINGS FL 33065 ncipal Place of Busing M CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc 4. FEI Number 65-0789570 Applied For Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent: 7. Name and Address of New Registered Agent PETAS, JOHN 8909 N.W. 38TH DR. **CORAL SPRINGS FL 33065** 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** Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Change ☐ Addition ☐ Delete TITLE PETERSON. CLAIRE NAME NAME 8915 N.W. 38TH DRIVE STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE PETTAS, JOHN NAME NAME 8909 N.W. 38TH DR. STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE TYLER, IDA NAME NAME 8917 N.W. 38TH DRIVE STREET ADDRESS STREET ADDRESS Coral Springs FL 33065 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE

FILED

12. I 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 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 add

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE