

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAR 10 PM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # NO4133 (7)**

1. Corporation Name

**GREENLEA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

RT 35 BOX 1925  
TALLAHASSEE FL 32310

RT 35 BOX 1925  
TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1984

3a. Date of Last Report

04/22/1994

4. FEI Number

59-2001735

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental  
Tax Exempt Status  Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYNTON, JAMES M.  
930 THOMASVILLE RD  
TALLAHASSEE FL 32303

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: P  
NAME: ANDERSON, RAY  
STREET ADDRESS: RT 35 BOX 2035  
CITY-ST-ZIP: TALLAHASSEE FL

1.1 TITLE: P  
1.2 NAME: MARQUIS, SHERI  
1.3 STREET ADDRESS: RT. 35, Box 1960  
1.4 CITY-ST-ZIP: TALL. FL. 32310  
 Change  Addition

TITLE: VP  
NAME: JARVIS, RUSSELL  
STREET ADDRESS: RT 35 BOX 2053  
CITY-ST-ZIP: TALLAHASSEE FL

2.1 TITLE: VP  
2.2 NAME: ANDERSON, RAY  
2.3 STREET ADDRESS: RT. 35, Box 2035  
2.4 CITY-ST-ZIP: TALL. FL  
 Change  Addition

TITLE: TD  
NAME: QUIGG, RUSS  
STREET ADDRESS: RT 35 BOX 1925  
CITY-ST-ZIP: TALLAHASSEE FL

3.1 TITLE:  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:  
 Change  Addition

TITLE: S  
NAME: JARVIS, MARJORIE  
STREET ADDRESS: RT 35 BOX 2053  
CITY-ST-ZIP: TALLAHASSEE FL

4.1 TITLE: S  
4.2 NAME: SRETCHEN WILLIAMS  
4.3 STREET ADDRESS: RT. 35, Box 1951  
4.4 CITY-ST-ZIP: TALL FL  
 Change  Addition

TITLE: D  
NAME: STAVE JONES, RT. 35, Box 2028  
STREET ADDRESS: TALL 32310  
CITY-ST-ZIP: D. LISA BARLOWA, RT. 35, Box 1995  
TALL 32310  
D. ORRIS CAIN, RT 35, Box 1930  
TALL 32310

5.1 TITLE:  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:  
 Change  Addition

TITLE: D  
NAME: KEN ROODING, RT 35, Box 2020  
STREET ADDRESS: TALL 32310  
CITY-ST-ZIP: D. SHERI MARQUIS, RT 35, Box 1960  
TALL 32310

6.1 TITLE:  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-ST-ZIP:  
 Change  Addition

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)(4), 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 as an attachment with an address.

SIGNATURE: *Russell Quigg*  
RUSSELL QUIGG, TRS.

MAR 23, 1995 (904) 936-5800