

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 # **N04133 (7)**

1. Corporation Name

GREENLEA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
13 GREENLEA CIRCLE
RT 35 BOX 1925
TALLAHASSEE FL 32310
CRAWFORDVILLE, FL. 32327

Mailing Address
13 GREENLEA CIR.
RT 35 BOX 1925
TALLAHASSEE FL 32310
CRAWFORDVILLE, FL. 32327

3. Date Incorporated or Qualified **07/11/1984** 3a. Date of Last Report **03/10/1995**

2. Principal Place of Business
21 **13 GREENLEA CIR**
Suite, Apt. #, etc.
22
City & State
23 **CRAWFORDVILLE, FL.**
Zip Country
24 **32327** 25 **WAKULLA**

2a. Mailing Address
26 **SAME**
Suite, Apt. #, etc.
27
City & State
28 **SAME**
Zip Country
29 **SAME** 30 **SAME**

4. FEI Number **59-2001735** 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

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 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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MARQUIS, SHERI	
STREET ADDRESS	RT. 35, BOX 1960	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ANDERSON, RAY	
STREET ADDRESS	RT. 35 BOX 2035	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	QUIGG, RUSS	
STREET ADDRESS	RT 35 BOX 1925	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIAMS, GRETCHEN	
STREET ADDRESS	RT. 35, BOX 1951	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, STEVE	
STREET ADDRESS	RT. 35 BOX 2028	
CITY-ST-ZIP	TALL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARLOWE, LISA	
STREET ADDRESS	RT. 35, BOX 1995	
CITY-ST-ZIP	TALL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DALTON HYMAN	
1.3 STREET ADDRESS	284 GREENLEA CIR	
1.4 CITY-ST-ZIP	CRAWFORDVILLE, FL. 32327	
2.1 TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KEN REDDING	
2.3 STREET ADDRESS	359 GREENLEA CIR.	
2.4 CITY-ST-ZIP	CRAWFORDVILLE, FL.	
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	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PAM CAYA	
5.3 STREET ADDRESS	79 GREENLEA DR.	
5.4 CITY-ST-ZIP	CRAWFORDVILLE, FL. 32327	
6.1 TITLE	DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RUSSELL JARVIS	
6.3 STREET ADDRESS	66 GREENLEA DR	
6.4 CITY-ST-ZIP	CRAWFORDVILLE, FL. 32327	

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:

Russ Quigg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-96
Date

(904) 926-5800
Daytime Phone #

CR2E037 (12/95)