

FILE NOW: FILING FEE IS \$61.25

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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 # N04133 (7)

1. Corporation Name
GREENLEA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 13 GREENLEA CIRCLE CRAWFORDVILLE FL 32327	Mailing Address 13 GREENLEA CIRCLE CRAWFORDVILLE FL 32327-5734 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/11/1984	3a. Date of Last Report 03/20/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2001735	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYMAN, DALTON	1.2 NAME	DONNA CASTER
STREET ADDRESS	284 GREENLEA CIRCLE	1.3 STREET ADDRESS	23 NANCY ALLEN ST.
CITY-ST-ZIP	CRAWFORDVILLE FL	1.4 CITY-ST-ZIP	CRAWFORDVILLE, FL, 32327
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, RAY	2.2 NAME	STEVE JONES
STREET ADDRESS	RT. 35 BOX 2035	2.3 STREET ADDRESS	35 CONTI PODE DR.
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	CRAWFORDVILLE, FL, 32327
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIGG, RUSS	3.2 NAME	RUSS QUIGG
STREET ADDRESS	RT 35 BOX 1025	3.3 STREET ADDRESS	13 GREENLEA CIRCLE
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	CRAWFORDVILLE, FL, 32327
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, GRETCHEN	4.2 NAME	LISA BARLOWE
STREET ADDRESS	RT. 35, BOX 1951	4.3 STREET ADDRESS	11 NANCY ALLEN ST.
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	CRAWFORDVILLE, FL, 32327
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAYA, PAM	5.2 NAME	OTTIS CAIN
STREET ADDRESS	79 GREENLEA DRIVE	5.3 STREET ADDRESS	46 GREENLEA CIR
CITY-ST-ZIP	CRAWFORDVILLE FL	5.4 CITY-ST-ZIP	CRAWFORDVILLE, FL, 32327
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARVIS, RUSSELL	6.2 NAME	V.R.D.
STREET ADDRESS	66 GREENLEA DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	6.4 CITY-ST-ZIP	

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, changed, or in an attachment with an address.

SIGNATURE: *Russ Quigg* **RUSSELL QUIGG** APR 15, 1997 (904) 926-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0000000

CP2E037 (9/96)