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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90070 027 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N04133**

1. Corporation Name

**GREENLEA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

13 GREENLEA CIRCLE  
 CRAWFORDVILLE FL 32327  
 US

Mailing Address

13 GREENLEA CIRCLE  
 CRAWFORDVILLE FL 32327  
 US



2. Principal Place of Business

21 **23 NANCY ALLEN ST.**

Suite, Apt. #, etc.

22 City & State  
**Crawfordville, FL**

Zip

Country

24 **32327**

25 **Wa Kulla**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

Zip

Country

29

30

3. Date Incorporated or Qualified

**07/11/1984**

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

9. Name and Address of Current Registered Agent

**BOYNTON, JAMES M.**  
**930 THOMASVILLE RD**  
**TALLAHASSEE FL 32303**

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

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**  DELETE  
 NAME **CUSTER, DONNA**  
 STREET ADDRESS **23 NANCY ALLEN ST**  
 CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE **VPD**  DELETE  
 NAME **DORMINLEY, RICK**  
 STREET ADDRESS **313 GREENLEA CIR**  
 CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **T**  DELETE  
 NAME **QUIGG, RUSS**  
 STREET ADDRESS **13 GREENLEA CIR**  
 CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE **S**  DELETE  
 NAME **BARLOWE, LISA**  
 STREET ADDRESS **11 NANCY ALLEN ST**  
 CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE **D**  DELETE  
 NAME **CAIN, OTTIS**  
 STREET ADDRESS **46 GREENLEA CIR**  
 CITY-ST-ZIP **CRAWFORDVILLE FL**

TITLE **D**  DELETE  
 NAME **HALEY, VIRGIL**  
 STREET ADDRESS **7 CENTIPEDE DR**  
 CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T**  Change  Addition  
 1.2 NAME **CUSTER, Donna**  
 1.3 STREET ADDRESS **23 Nancy Allen St.**  
 1.4 CITY-ST-ZIP **Crawfordville, FL. 32327**

2.1 TITLE **P**  Change  Addition  
 2.2 NAME **Dorminley, Rick**  
 2.3 STREET ADDRESS **313 Greenlea Cir**  
 2.4 CITY-ST-ZIP **Crawfordville, FL 32327**

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

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

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

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

14. 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 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, with all other like empowered.

SIGNATURE: *Donna Custer* **SIGNATURE REQUIRED** *Donna Custer* **4-22-99** **850-921-7347**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)