

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90144 041 ****70.00



DOCUMENT # N04133
 1. Entity Name
GREENLEA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 26 GREENLEA CIRCLE 26 GREENLEA CIRCLE
 CRAWFORDVILLE FL 32327 CRAWFORDVILLE FL 32327
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

1st MOORE CR2E037 (10/05)

Zip Country Zip Country

4. FEI Number Applied For
59-2001735 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BIBB, GARRETT L
26 GREENLEA CIRCLE
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By: May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIBB, GARRETT 26 GREENLEA CIRCLE CRAWFORDVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEMMILL, R C 55 GREENLEA CIRCLE CRAWFORDVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, MARY 108 GREEN LEA CIRCLE CRAWFORDVILLE FL 32327 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARR, GREG CENTIPEDE DR CRAWFORDVILLE FL 32327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, STACY 76 GREEN LEA CIRCLE CRAWFORDVILLE FL 32327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARLOWE, BUDDY 11 NANCY ALLEN DR CRAWFORDVILLE FL 32327 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVID KELLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 40 GREEN LEA DR. CRAWFORDVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BONNIE PHILLIPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 76 GREENLEA CIRCLE CRAWFORDVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 address, with all other like empowerments.

SIGNATURE: **GARRETT BIBB** *Garrett Bibb* 3/28/06 850 926 5575