

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04133

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: GREENLEA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

26 GREENLEA CIRCLE  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

**Current Mailing Address:**

26 GREENLEA CIRCLE  
CRAWFORDVILLE, FL 32327 US

**New Mailing Address:**

FEI Number: 59-2001735      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BIBB, GARRETT L  
26 GREENLEA CIRCLE  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: BIBB, GARRETT  
Address: 26 GREENLEA CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL

Title: D ( ) Delete  
Name: GEMMILL, R C  
Address: 55 GREENLEA CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL

Title: V ( ) Delete  
Name: KELLEY, DAVID  
Address: 40 GREEN LEA DR  
City-St-Zip: CRAWFORDVILLE, FL

Title: D ( ) Delete  
Name: MARQUIS, SHERI  
Address: 167 GREENLEA CIR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P ( ) Delete  
Name: PHILLIPS, STACY  
Address: 76 GREEN LEA CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S ( ) Delete  
Name: PHILLIPS, BONNIE  
Address: 76 GREEN LEA CIR  
City-St-Zip: CRAWFORDVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARRETT L. BIBB

TD

01/07/2009

Electronic Signature of Signing Officer or Director

Date