

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006649

Entity Name: GREEN COVE SPRINGS AERIE 4505 FOE, INC.**Current Principal Place of Business:**424 WALNUT STREET
GREEN COVE SPRINGS, FL 32043**Current Mailing Address:**PO BOX 912
GREEN COVE SPRINGS, FL 32043 US**FEI Number:** 20-5516219**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTIN, DENNIS R
3297 RUSSELL ROAD
GREEN COVE SPRINGS, FL 32043 US*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**Officer/Director Detail :**

Title	TRUSTEE
Name	KIERNAN, CHRIS
Address	2111 TRAILWOOD DR
City-State-Zip:	FLEMING ISLAND FL 32003

Title	VP
Name	REINHART, DENNIS
Address	119 COKESBURY COURT
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	SECRETARY
Name	MARTIN, DENNIS R
Address	3297 RUSSELL ROAD
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	PRESIDENT
Name	LEFFINGWELL, JACK
Address	1550 WILD FERN DRIVE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DD
Name	CABECEIRAS, ANN P
Address	1122 BUCANEER
City-State-Zip:	GREEN COVE SPRINGS FL 32043

I hereby 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 all other like empowered.

SIGNATURE: DENNIS R MARTIN**SECRETARY****02/15/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date