

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004578

**Entity Name:** GREEN HILLS COMMUNITY CENTER, INC.**Current Principal Place of Business:**17913 PARK PL.  
FOUNTAIN, FL 32438**Current Mailing Address:**P.O. BOX 284  
FOUNTAIN, FL 32438**FEI Number:** 59-1617740**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MISSKERG, CYNTHIA L  
18735 WESTCHESTER DR  
BOX 114  
FOUNTAIN, FL 32438 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           | PRESIDENT         |
| Name            | NORTON, JEFF      |
| Address         | 13203 WEBBER ROAD |
| City-State-Zip: | FOUNTAIN FL 32438 |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | BEGONA, CLAUDIO     |
| Address         | 18003 SORRELLS ROAD |
| City-State-Zip: | FOUNTAIN FL 32438   |

|                 |                       |
|-----------------|-----------------------|
| Title           | SECRETARY             |
| Name            | SAPP, JOLYNN          |
| Address         | 13710 FLAMINGO AVENUE |
| City-State-Zip: | FOUNTAIN FL 32438     |

|                 |                       |
|-----------------|-----------------------|
| Title           | TREASURER             |
| Name            | MISSKERG, CYNTHIA     |
| Address         | 18735 WEST CHESTER DR |
| City-State-Zip: | FOUNTAIN FL 32438     |

|                 |                   |
|-----------------|-------------------|
| Title           | DIRECTOR          |
| Name            | KELLEY, SHARON    |
| Address         | 18003 SORRELLS RD |
| City-State-Zip: | FOUNTAIN FL 32438 |

|                 |                       |
|-----------------|-----------------------|
| Title           | DIRECTOR              |
| Name            | METILLE, CHRIS        |
| Address         | 18910 DEEP SPRINGS RD |
| City-State-Zip: | FOUNTAIN FL 32438     |

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:** CLAUDIO BEGONA

VICE PRESIDENT

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date