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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90293 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752184

1. Corporation Name
 GREEN VIEW CONDOMINIUM ASSOC., INC.

Principal Place of Business 3438 East Lake Rd., #22 Palm Harbor, FL 34685	Mailing Address 3438 East Lake Rd., #22 Palm Harbor, FL 34685
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 4/25/80
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2040992
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	

9. Name and Address of Current Registered Agent

William J. Nasser
 2697B Sunset Point Rd.
 Clearwater, FL 33759

10. Name and Address of New Registered Agent

81 Name James M. Nolan
 82 Street Address (P.O. Box Number is Not Acceptable)
 3438 East Lake Rd., #22
 83
 84 City Palm Harbor FL 85 Zip Code 34685

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 *James M. Nolan* DATE *4/28/99*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clare Good	1.2 NAME	
STREET ADDRESS	1001 Tartan Dr. #307	1.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34684	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond Maloy	2.2 NAME	
STREET ADDRESS	1001 Tartan Dr. #309	2.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34684	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Earl King	3.2 NAME	
STREET ADDRESS	1001 Tartan Dr #201	3.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34684	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwin Bindon	4.2 NAME	
STREET ADDRESS	1001 Tartan Dr #203	4.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34684	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marian Blackwood	5.2 NAME	
STREET ADDRESS	1001 Tartan Dr. #306	5.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34684	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Clare Good* CLARE GOOD PRES DATE *4/29/99* 727 785 8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CORPORATION