

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **756376** (0)  
1. Corporation Name  
**GREEN VALLEY ESTATES VILLAS ASSOCIATION, INC.**



Principal Place of Business: **622 GREEN VALLEY ROAD PALM HARBOR FL 34683**  
Mailing Address: **622 GREEN VALLEY ROAD PALM HARBOR FL 34683**

3. Date Incorporated or Qualified: **02/16/1981**  
3a. Date of Last Report: **01/27/1995**  
4. FEI Number: **59-2838391**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30  
City & State, Suite, Apt. #, etc., Zip, Country

9. Name and Address of Current Registered Agent: **RAYRURN, LAURA J. P. A. 1968 BAYSHORE BLVD. DUNEDIN FL 34698**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: **Vice President**  DELETE  
NAME: **BURNS, WALTER**  
STREET ADDRESS: **2357 WALTON CIRCLE**  
CITY-ST-ZIP: **PALM HARBOR FL**  
TITLE: **President**  DELETE  
NAME: **SERRANO, FORTUNATO**  
STREET ADDRESS: **1834 GLENGURRY DR**  
CITY-ST-ZIP: **PALM HARBOR FL**  
TITLE: **T**  DELETE  
NAME: **RUBENER, VIRGINIA**  
STREET ADDRESS: **670 GREEN VALLEY RD**  
CITY-ST-ZIP: **PALM HARBOR FL**  
TITLE: **D**  DELETE  
NAME: **SAVAGE, RICHARD**  
STREET ADDRESS: **609 GREEN VALLEY RD.**  
CITY-ST-ZIP: **PALM HARBOR FL**  
TITLE: **D**  DELETE  
NAME: **BRYANT, DAVID**  
STREET ADDRESS: **670 GREEN VALLEY RD**  
CITY-ST-ZIP: **PALM HARBOR FL**  
TITLE: **S**  DELETE  
NAME: **PUGLIESE, MARIE**  
STREET ADDRESS: **694 GREEN VALLEY RD**  
CITY-ST-ZIP: **PALM HARBOR FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: **Treasurer**  Change  Addition  
1.2 NAME: **George Spillner**  
1.3 STREET ADDRESS: **621 Green Valley Rd**  
1.4 CITY-ST-ZIP: **Palm Harbor, Fl. 34683**  
2.1 TITLE: **Secretary**  Change  Addition  
2.2 NAME: **Judi Savage KING**  
2.3 STREET ADDRESS: **600 Green Valley Rd**  
2.4 CITY-ST-ZIP: **Palm Harbor, Fl. 34683**  
3.1 TITLE: **D**  Change  Addition  
3.2 NAME: **Jim King**  
3.3 STREET ADDRESS: **2367 Maben Circle**  
3.4 CITY-ST-ZIP: **Palm Harbor, Fl. 34683**  
4.1 TITLE: **D**  Change  Addition  
4.2 NAME: **Tom Jones**  
4.3 STREET ADDRESS: **2367 Maben Circle**  
4.4 CITY-ST-ZIP: **Palm Harbor, Fl. 34683**  
5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:  
6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Fred Serrano** **FRED SERRANO** 2/1/96 813-789-2424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distime Phone #

CR2E037 (12/95)