


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

**FILED**  
**Feb 17 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756376 (0)**  
 1. Corporation Name  
**GREEN VALLEY ESTATES VILLAS ASSOCIATION, INC.**



Principal Place of Business <b>622 GREEN VALLEY ROAD PALM HARBOR FL 34683</b>	Mailing Address <b>622 GREEN VALLEY ROAD PALM HARBOR FL 34683-5114</b>
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3. Date Incorporated or Qualified <b>02/16/1981</b>	3a. Date of Last Report <b>02/07/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number <b>59-2838391</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
~~RAYBURN, LAURA L. B. A.~~  
~~1900 DAYSHORE BLVD.~~  
~~DUNEDIN FL 34699~~

10. Name and Address of New Registered Agent  
 81 Name **Joseph R. Cianfrone, Esquire, P.A.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1968 BAY SHORE BLVD**  
 83 **DUNEDIN FL 34698**  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>BURNS, WALTER</b>	
STREET ADDRESS	<b>2357 WALTON CIRCLE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>SERRANO, FORTUNATO</b>	
STREET ADDRESS	<b>1634 GLENGURRY DR</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPILLNER, GEORGE</b>	
STREET ADDRESS	<b>621 GREEN VALLEY ROAD</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>SAVAGE, RICHARD</b>	
STREET ADDRESS	<b>609 GREEN VALLEY RD.</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> DELETE
NAME	<b>KING, JIM</b>	
STREET ADDRESS	<b>2367 MABEN CIRCLE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, TOM</b>	
STREET ADDRESS	<b>2367 MABEN CIRCLE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Judi King - Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>610 GREEN VALLEY RD</b>	
1.3 STREET ADDRESS	<b>PALM HARBOR FL 34683</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>GAIL DEAKLE</b>	
2.3 STREET ADDRESS	<b>645 GREEN VALLEY RD.</b>	
2.4 CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE *[Signature]* 1/27/97 855-1275

CR2E037 (9/96)