

FILE NOW: FILING FEE IS \$61.25

FILED

**May 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 622 GREEN VALLEY ROAD PALM HARBOR FL 34683	Mailing Address 622 GREEN VALLEY ROAD PALM HARBOR FL 34683
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3. Date Incorporated or Qualified
02/16/1981

4. FEI Number **572838391**
APPLIED FOR

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CIANFRONE, JOSEPH R ESQ P
1068 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. City	
84. State	FL
85. Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, WALTER	1.2 NAME	DAVID BRYANT
STREET ADDRESS	2357 WALTON CIRCLE	1.3 STREET ADDRESS	670 GREEN VALLEY RD
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, FORTUNATO	2.2 NAME	SERRANO FORTUNATO
STREET ADDRESS	1634 GLENGURRY DR	2.3 STREET ADDRESS	1634 GLENGURRY DR
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	PALM HARBOR FL
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JUDI	3.2 NAME	
STREET ADDRESS	610 GREEN VALLEY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, RICHARD	4.2 NAME	
STREET ADDRESS	609 GREEN VALLEY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JIM	5.2 NAME	
STREET ADDRESS	2367 MABEN CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, TOM	6.2 NAME	P JONES THOMAS
STREET ADDRESS	2367 MABEN CIRCLE	6.3 STREET ADDRESS	2367 MABEN CR
CITY-ST-ZIP	PALM HARBOR FL	6.4 CITY-ST-ZIP	PALM HARBOR FL 34683

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.

SIGNATURE: **Thomas E. Jones** **5-10-98 8137876375**

CR2E037 (10/97)