


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90115 017 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756376**  
 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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\* 2 8 8 8 8 8 8 \*  
 280890-90063-12



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 02/16/1981	4. FEI Number 59-2838391 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CIANFRONE, JOSEPH R ESQ P 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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	
T BRYANT, DAVID 670 GREEN VALLEY RD PALM HARBOR FL 34683	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP BRYANT, DAVID 670 GREEN VALLEY RD #FF PALM HARBOR FL 34683	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SERRANO, FORTUNATO 1634 GLENGURRY DR PALM HARBOR FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP D SERRANO FORTUNATO 1634 GLENGURRY DR PALM HARBOR FL 34684	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S KING, JUDI 610 GREEN VALLEY RD PALM HARBOR FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP S DIANE RUNSPER 634 GREEN VALLEY RD #G6 PALM HARBOR FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D SAVAGE, RICHARD 609 GREEN VALLEY RD. PALM HARBOR FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP KING, JIM 2367 MABEN CIRCLE PALM HARBOR FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP VP KING, Jim 2367 MABEN CIRCLE PALM HARBOR FL 34683	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P JONES, THOMAS 2367 MABEN CIRCLE PALM HARBOR FL 34683	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP P SHARON DENOYELLE 634 GREEN VALLEY RD #610 PALM HARBOR FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: David Bryant **SIGNATURE REQUIRED** DAVID BRYANT 1-13-99 787-786-5387  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/199)