

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # 757133

1. Entity Name
GREENES PROPERTY OWNERS ASSOCIATES, INC.



Principal Place of Business
**2075-38TH AVENUE
VERO BEACH, FL 32960**

Mailing Address
**2075-38TH AVENUE
VERO BEACH, FL 32960**

DO NOT WRITE IN THIS SPACE

01092008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2128668

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREENE, GRIFFIN A
2075 38TH AVE
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GREENE, GRIFFIN A.
STREET ADDRESS 895 REEF RD
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE VD
NAME MORSE, PAUL
STREET ADDRESS 319 DELANO RD.
CITY-ST-ZIP MARION, MA 02738

TITLE D
NAME GREENE, BARNETTE E JR
STREET ADDRESS 4855 18TH STREET
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08

Date

772-778-4220

Daytime Phone #