
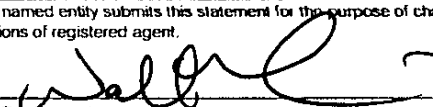
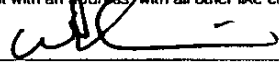


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90373 012 ****61.25

DOCUMENT # 763445 1. Entity Name GREENREEF OWNERS' ASSOCIATION, INC.					
Principal Place of Business 3650 SCENIC GULF HWY DESTIN, FL 32541 US			Mailing Address P.O. Box 9036 MIRAMAR BCH, FL 32550 US		
2. Principal Place of Business 114 Palmetto St Suite, Apt. #, etc. #2			Mailing Address PO Box 1895 Suite, Apt. #, etc.		
City & State Destin, FL			City & State Destin, FL		
Zip 32541		Country USA		Zip 32540	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WEHNER, JUDI 288 ELLIS RD #112 MIRAMAR BCH, FL 32550			7. Name and Address of New Registered Agent SeaCoast Association Management 114 Palmetto Street #2 Destin, FL 32541 FL Zip Code		
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  <u>Walt Leirer</u> 4/21/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD DUNN, GROVER 9219 ROCKY POINT RD SODDY DAISY, TN 37379		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ROSS, PAT 915 DISTRIBUTORS ROW HARAHA, LA 79123		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS PETRUZZELLA, ANTHOY 1496 WHEATON LANE MARIETTA, GA 30067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAPMAN, JAMES DR P.O. BOX 5325 ARDMORE, OK 73403		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, FLOYD 104 PINEHURST DR SANTA ROSA BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 4170 South Arbor Circle Marietta, GA 30066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Walt Leirer PO Box 1895 Destin, FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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:  <u>Walt Leirer</u> 4/21/06 (850)830-7717 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					