

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90382 029 \*\*\*\*61.25

**DOCUMENT # 763445**

1. Entity Name

GREENREEF OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

114 PALMETTO ST  
2  
DESTIN FL 32541  
US

POB 1895  
DESTIN FL 32540  
US

2. Principal Place of Business - No P.O. Box #

3250 SCENIC HWY 98

3. Mailing Address

288 ELLIS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 112

City & State

DESTIN FL

City & State

MIRAMAR BEACH FL

Zip

32541

Country

OKLAHOMA

Zip

32550

Country

WALTON

1st MOORE

CR2E037 (10/06)



4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEACOAST ASSOCIATION MGMT  
114 PALMETTO ST 2  
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

JUDI WEHNER

Street Address (P.O. Box Number is Not Acceptable)

288 ELLIS RD #112

City

MIRAMAR BEACH

FL

Zip Code

32550

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

*Judi Wehner*

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

(NOTE: Registered Agent signature required when reinstating)

4/20/07

DATE

**FEE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DUNN, GROVER  
STREET ADDRESS 9219 ROCKY POINT RD  
CITY-STATE-ZIP SODDY DAISY TN 37379

TITLE V ☐ Delete  
NAME ROSS, PAT  
STREET ADDRESS 915 DISTRIBUTORS ROW  
CITY-STATE-ZIP HARRAHAN LA 79123

TITLE TD ☐ Delete  
NAME PETRUZZELLA, ANTHONY  
STREET ADDRESS 1496 WHEATON LANE  
CITY-STATE-ZIP MARIETTA GA 30067

TITLE D ☒ Delete  
NAME CHAPMAN, JAMES DR  
STREET ADDRESS P.O. BOX 5325  
CITY-STATE-ZIP ARDMORE OK 73403

TITLE P ☐ Delete  
NAME BENDER, BILL  
STREET ADDRESS 4170 S ARBOR CIR  
CITY-STATE-ZIP MARIETTA GA 30066

TITLE MGR ☒ Delete  
NAME LEIRER, WALT  
STREET ADDRESS POB 1895  
CITY-STATE-ZIP DESTIN FL 32541

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition  
NAME SECRETARY  
STREET ADDRESS NANCY PORTER  
CITY-STATE-ZIP 3250 SCENIC HWY 98 #5  
DESTIN FL 32541

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Bill Bender*

4-20-07