

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764130 (1)
1. Corporation Name
GREEN ARBOR OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
99 FOURTH AVENUE #127 SHALIMAR FL 32579 US
P.O. BOX 1174 SHALIMAR FL 32579 US

2. Principal Place of Business 2a. Mailing Address
21 99 FOURTH AVENUE 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 133 27
City & State City & State
23 SHALIMAR FL 28
Zip Country Zip Country
24 32579 25 FL 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/13/1982 3a. Date of Last Report 03/23/1994

4. FEI Number 59-2341711 Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DOFFEK, PAMELA
99 FOURTH AVENUE, #127
SHALIMAR FL 32579

10. Name and Address of New Registered Agent
B1 Name BERNIER, WILLIAM
B2 Street Address (P.O. Box Number is Not Acceptable) 99 FOURTH AVENUE #133
B3
B4 City SHALIMAR FL B5 Zip Code 32579

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *William S Bernier* Treasurer DATE 2/20/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOFFEK, PAMELA
STREET ADDRESS	99 FOURTH AVENUE, #127
CITY-ST-ZIP	SHALIMAR FL
TITLE	TD
NAME	BERNIER, WILLIAM
STREET ADDRESS	99 - 4TH AVE., #133
CITY-ST-ZIP	SHALIMAR FL
TITLE	VD
NAME	STONE, NANCY
STREET ADDRESS	635 OVERBROOK DRIVE
CITY-ST-ZIP	FORT WALTON BEACH FL
TITLE	VD
NAME	CLEARY, MELISSA
STREET ADDRESS	141 GREEN ARBOR
CITY-ST-ZIP	SHALIMAR FL
TITLE	SD
NAME	HALANS, BILL
STREET ADDRESS	99 FORT AVE., #138
CITY-ST-ZIP	SHALIMAR FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILSON, ROBERT	
1.3 STREET ADDRESS	99 4TH AVENUE #106	
1.4 CITY-ST-ZIP	SHALIMAR FL 32579	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LINSKY, LINDA	
4.3 STREET ADDRESS	99 FOURTH AVENUE #103	
4.4 CITY-ST-ZIP	SHALIMAR FL 32579	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William S Bernier* 2/20/95 (904) 651 4290