2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: JACQUELING HEARD (TREASURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Feb 04, 2004 8:00 am Secretary of State **DOCUMENT # 764130** 1. Entity Name 02-04-2004 90073 047 ****61.25 GREEN ARBOR OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 99 4TH AVE P.O. BOX 1174 LIUUIUUX #122 SHALIMAR FL 32579-5174 SHALIMAR FL 32579 2. Principal Place of Business 3. Mailing Address 1052 9TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number SHALIMAR 59-2341711 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PURCELL, VIRGINIA G Street Address (P.O. Box Number is Not Acceptable) 99 4TH AVENUE, #133 SHALIMAR FL 32579 City SHALIMAR Zip Code 325 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 DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change ADDRESS TITLE ☐ Addition TITLE ☐ Delete EVANCHYK, MARIE NAME NAME 99 4TH AVE #122 1052 9TH STREET STREET ADDRESS STREET ADDRESS SHALIMAR FL CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete Delete TITLE COTHERN, BEN NAME NAME 99 4TH AVE #105 STREET ADDRESS STREET ADDRESS SHALIMAR FL CITY-ST-ZIP CITY-ST-ZIP TD Change ☐ Addition TITLE TITLE ☐ Delete ADDRESS HEARD, JACKIE ----NAME NAME 1017 4TH Avenue 99 4TH AVE #104 STREET ADDRESS STREET ADDRESS SHALIMAR FL CITY-ST-ZIP CITY-ST-7IP VD DTLE ☐ Delete TITLE ☐ Addition PURCELL, TOM ADDRES. NAME 1074 5TH Avenue 99 4TH AVE #133 STREET ADDRESS STREET ADDRESS SHALIMAR FL CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete PURCELL, VIRGINIA ADDRESS NAME NAME 99 4TH AVE #133 STREET ADDRESS STREET ADDRESS SHALIMAR FL 32579 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE CHARLES COOK 1013 4TH AVENUL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SHALIMAR FL 12. 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 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 expowered 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.

FILED

Attachment

764130

lounty Communicationess and EMS changed all the addresses in Green Arbor - hence all the address changes on the enclosed form.

Jacqueline P Heard

Jacqueline P Keary GAHOA Treasurer