2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State
04-04-2006 90142 048 ****61.25

DOCUMENT # 764130

1. Entity Name

GREEN ARBOR OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1074 FIFTH AVENUE SHALIMAR FL 32579 US	P.O. BOX 1174 SHALIMAR FL 32579-5174 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2341711 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PURCELL, VIRGINIA G 1074 5TH AVENUE SHALIMAR FL 32579	Name Street Address (P.O. Box Number is Not Acceptable) City 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 ______________________________

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEARD, JACKIE 1017 4TH AVENUE SHALIMAR FL 32579	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, Gina 1068 5th Ave SHALIMAR, FL. 32579	☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PURCELL, TOM 1074 5TH AVENUE SHALIMAR FL 32579	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, Michael 1068 5th Ave SHALIMAR, FL. 32579	☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PURCELL, VIRGINIA 1074 5TH AVENUE SHALIMAR FL 32579	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Johns, Lorrie 1080 5th Ave SHALIMAR, FL 32579	☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, CHARLES 1013 4TH AVENUE SHALIMAR FL 32579	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Retzlaff, Dorothy SHALIMAR, FL. 32579	☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 [illegible] LORRAINE A. JOHNS 3/31/06 651-9829