2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 764130

Entity Name: GREEN ARBOR OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1019 4TH AVE
SHALIMAR, FL 32579 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1174
SHALIMAR, FL 325795174 US

New Mailing Address:

FEI Number: 59-2341711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COTHERN, BEN
1019 4TH AVE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: COTHERN, BEN
Address: 1019 4TH AVE
City-St-Zip: SHALIMAR, FL 32579

Title: SD ( ) Delete
Name: JOHNS, LORRIE
Address: 1080 5TH AVE
City-St-Zip: SHALIMAR, FL 32579

Title: VD ( ) Delete
Name: RETZLAFF, DOROTHY
Address: 1047 10TH ST.
City-St-Zip: SHALIMAR, FL 32579

Title: PD ( ) Delete
Name: SCHAEFFER, RICHARD M
Address: 1058 9TH ST
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete
Name: MILLS, VIRGINIA
Address: 1049 10TH ST
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN COTHERN TD 04/23/2009

Electronic Signature of Signing Officer or Director — Date