

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004401

FILED
Feb 06, 2009
Secretary of State

Entity Name: GREENLEAF SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1106 OLD MOSSY CT
PLANT CITY, FL 33563

New Principal Place of Business:

1103 OLD MOSSY CT
PLANT CITY, FL 33563

Current Mailing Address:

1106 OLD MOSSY CT.
PLANT CITY, FL 33563

New Mailing Address:

1103 OLD MOSSY CT.
PLANT CITY, FL 33563

FEI Number: 59-1954652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, TAMSEN L
1106 OLD MOSSY CT.
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

JORDAN, RICHARD
1103 OLD MOSSY CT.
PLANT CITY, FL 33563 US

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: TAMSEN SCHMIDT

02/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DELLAPA, ANGEL
Address: 1108 OLD MOSSY CT.
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: GUZMAN, SALVADOR
Address: 1102 OLD MOSSY CT
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: CHANDLER, TASHARA
Address: 1109 OLD MOSSY CT.
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: SCHMIDT, TAMSEN
Address: 1106 OLD MOSSY CT.
City-St-Zip: PLANT CITY, FL 33563

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:

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: TAMSEN SCHMIDT

MRS

02/06/2009

Electronic Signature of Signing Officer or Director

Date