

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000001432

1. Entity Name
GREEN LAWN PROPERTY OWNERS' ASSOCIATION,
INC.



Principal Place of Business
1606 CHEVY CHASE DR
SUN CITY CENTER, FL 33573

Mailing Address
P.O. BOX 5731
SUN CITY CENTER, FL 33571-5731

DO NOT WRITE IN THIS SPACE



04102008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-6218288

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HINES, JAMES P JR
315 S HYDE PK AVE
TAMPA, FL 33606

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IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000896634
04/25/08-80015-020 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HILLER, MARGARET
1612 CHEVY CHASE DR
SUN CITY CENTER, FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MILLER, CHARLES
1602 CHEVY CHASE
SUN CITY CENTER, FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RUTLEDGE, MARY
1616 CHEVY CHASE
SUN CITY CENTER, FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Margaret M. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-08
Date

Daytime Phone #