
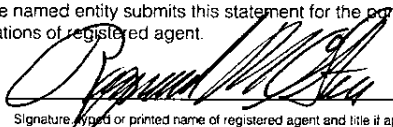
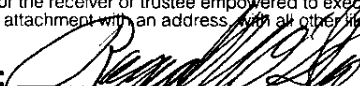


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90011 013 ****61.25

DOCUMENT # N03000007244 1. Entity Name GREENLAND CHASE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business ONE SAN JOSE PLACE SUITE 26 JACKSONVILLE FL 32257			Mailing Address ONE SAN JOSE PLACE SUITE 26 JACKSONVILLE FL 32257		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0480172	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER STREET SUITE 1800 JACKSONVILLE FL 32202			7. Name and Address of New Registered Agent Name RAYMOND M. O'STEEN Street Address (P.O. Box Number is Not Acceptable) ONE SAN JOSE PLACE, SUITE 26 City JACKSONVILLE FL Zip Code 32257		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Raymond M. O'Steen <small>(NOTE: Registered Agent signature required when reinstating)</small>		3-19-04 <small>DATE</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Raymond M. O'Steen	
STREET ADDRESS			STREET ADDRESS	One San Jose Place, Suite 26	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	A. J. Johns	
STREET ADDRESS			STREET ADDRESS	3225 Anniston Road	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Raymond M. O'Steen, Jr.	
STREET ADDRESS			STREET ADDRESS	225 Water Street, Suite 1800	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Lois O'Steen	
STREET ADDRESS			STREET ADDRESS	One San Jose Place, Suite 26	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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 line empowered.					
SIGNATURE: 		Raymond M. O'Steen		3-19-04 (904) 268-8741	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	