

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90116 024 ****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 P.O. Box 57879 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 57879 Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip Country 32241-7879 Duval		City & State Jacksonville, FL Zip Country 32241-7879 Duval	
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 O'STEEN, RAYMOND M ONE SAN JOSE PLACE, SUITE 26 JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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 CFO NAME O'STEEN, RAYMOND M STREET ADDRESS ONE SAN JOSE PLACE, SUITE 26 CITY - ST - ZIP JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME JOHNS, A.J. STREET ADDRESS 3225 ANNISTON ROAD CITY - ST - ZIP JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSD NAME O'STEEN, RAYMOND M STREET ADDRESS 225 WATER STREET, SUITE 1800 CITY - ST - ZIP JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME O'STEEN, LOIS STREET ADDRESS ONE SAN JOSE PLACE, SUITE 26 CITY - ST - ZIP JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.			
SIGNATURE: <u>Raymond M. O'Steen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/29/05</u> Daytime Phone # <u>904-359-7700</u>	