

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005293

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** CONNERTON COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

GREENACRE PROPERTIES, INC.  
4131 GUNN HIGHWAY  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

GREENACRE PROPERTIES, INC.  
4131 GUNN HIGHWAY  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 65-1232374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEZER, STEVEN  
C/O BUSH, ROSS, GARDNER, WARREN, & RUDY  
1801 HIGHLAND AVE  
TAMPA, FL 33602 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: PD ( ) Delete  
Name: GLOVER, LORRIE  
Address: 4131 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33618

Title: VPD ( ) Delete  
Name: JONES, DALE  
Address: 4131 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: GIBBONS, STEWART  
Address: 4131 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33618

Title: STD ( ) Delete  
Name: BOULTEAN, PETER  
Address: 4131 GUNN HGWY  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: JONES, DALE  
Address: 4131 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33618

Title: VP (X) Change ( ) Addition  
Name: GIBBONS, STEWART  
Address: 4131 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33618

Title: ST (X) Change ( ) Addition  
Name: BOUDREAU, PETER  
Address: 4131 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change ( ) Addition  
Name: WHITNEY, VARGAS  
Address: 4131 GUNN HGWY  
City-St-Zip: TAMPA, FL 33618

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: DALE JONES

PD

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date