


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04133</b> 1. Entity Name <b>GREENLEA HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>26 GREENLEA CIRCLE CRAWFORDVILLE, FL 32327 US</b>	Mailing Address <b>26 GREENLEA CIRCLE CRAWFORDVILLE, FL 32327 US</b>
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01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2001735</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**BIBB, GARRETT L  
26 GREENLEA CIRCLE  
CRAWFORDVILLE, FL 32327**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000779881 01/11/08-80055-003 70.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD BIBB, GARRETT 26 GREENLEA CIRCLE CRAWFORDVILLE, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GEMMILL, R C 55 GREENLEA CIRCLE CRAWFORDVILLE, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V KELLEY, DAVID 40 GREEN LEA DR CRAWFORDVILLE, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MARQUIS, SHERI 167 GREENLEA CIR CRAWFORDVILLE, FL 32327</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P PHILLIPS, STACY 76 GREEN LEA CIRCLE CRAWFORDVILLE, FL 32327</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S PHILLIPS, BONNIE 76 GREEN LEA CIR CRAWFORDVILLE, FL</b>

**DO NOT WRITE  
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:** Garrett Bibb Garrett Bibb 1/9/08 850 926 5515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #