

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 08, 2009**  
**Secretary of State**

DOCUMENT# N05000001517

**Entity Name:** GREENLAND COVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4971 SCENIC MARSH COURT  
JACKSONVILLE, FL 32255**New Principal Place of Business:**FITCHWOOD DRIVE  
JACKSONVILLE, FL 32258**Current Mailing Address:**7400 BAYMEADOWS WAY - SUITE 317  
JACKSONVILLE, FL 32256**New Mailing Address:****FEI Number:** 65-1249244**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT CONCEPTS OF  
JACKSONVILLE, INC.  
7400 BAYMEADOWS WAY - SUITE 317  
JACKSONVILLE, FL 32256 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: DP ( ) Delete  
Name: PUTNAL, JAMES E  
Address: 4971 SCENIC MARSH COURT  
City-St-Zip: JACKSONVILLE, FL 32255

Title: DVS ( ) Delete  
Name: PUTNAL, DIANNA  
Address: 4971 SCENIC MARSH COURT  
City-St-Zip: JACKSONVILLE, FL 32255

Title: DT ( ) Delete  
Name: COFFELL, BRAD  
Address: 4971 SCENIC MARSH COURT  
City-St-Zip: JACKSONVILLE, FL 32255

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

Title: P (X) Change ( ) Addition  
Name: NICHOLS, CAROLINE R  
Address: ONE INDEPENDENT DRIVE, SUITE 3130  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP (X) Change ( ) Addition  
Name: ROGERS, ARNOLD  
Address: ONE INDEPENDENT DRIVE, SUITE 3130  
City-St-Zip: JACKSONVILLE, FL 32202

Title: S/T (X) Change ( ) Addition  
Name: SEGARS, STACY  
Address: ONE INDEPENDENT DRIVE, SUITE 3130  
City-St-Zip: JACKSONVILLE, FL 32202

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: MYRA RANDOLPH

CAM

05/08/2009

Electronic Signature of Signing Officer or Director

Date