2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000003682

GREATER COUNTRY ESTATES PHASE III HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address 232 S DILLARD STREET SUITE 201 P.O. BOX 194 WINTER GARDEN EL 34787 PLYMOUTH FL 32768

01082007 Chg-NP	CR2E037 (12/06)	
. FEI Number	Applied F	or
APPLIED FOR	Not Appli	cable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	
. Name and Address of New R	legistered Agent	
). Box Number is Not Acceptable	e)	
	FL Zip Code	
agent, or both, in the State of Flo	orida. I am familiar with, and ac	cept

FILED

Jan 12, 2007 08:00 A Secretary of State

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Principal Place of Business - No P.O. Box # 3. Mailing Address														
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City & State		City & State				4. FEI Numb)R			 	oplied For		
Zip	Zip Country			Zip Country				5. Certificate of Status Desired 5. Status Desir						
	6. Name and Address of Current Registered Agent							7. Name an	d Addre	ess of Nev	w Registe	ered A	gent	
				- 1		Name								
369 N NE\	PRATT, JAMES R 369 N NEW YORK AVE THIRD AVE WINTER PARK, FL 32789					Street Address (P.O. Box Number is Not Acceptable)								
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	tions of registered	mits this statement fo agent	r the purp	ose of changing its	registeri	ed office ar ri	registere	ed agent, or b	oth, in tr	ne State of	t Florida.	i am ra	imiliar with,	and accept
	Signature, typed or print	ed name of registered agent	and title if app	olicable (NOTE	. Registere	d Agent signature	e required	when reinstating)			D	DATE		
	Filing Fee is Due by May			9. Election Cam Trust Fund C				\$5.00 May Added to Fee	Be s	F			päyable t ment of S	
10. OFFICERS AND DIRECTORS												,	***	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #