

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003682

FILED
Mar 10, 2008
Secretary of State

Entity Name: GREATER COUNTRY ESTATES PHASE III HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

232 S DILLARD STREET SUITE 201
WINTER GARDEN, FL 34787

New Principal Place of Business:

2803 PONKAN PINES DRIVE
APOPKA, FL 32712

Current Mailing Address:

P.O. BOX 194
PLYMOUTH, FL 32768

New Mailing Address:

FEI Number: 20-4294126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATT, JAMES R
369 N NEW YORK AVE THIRD AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

FRENCH PROFESSIONAL MANAGEMENT, INC.
2803 PONKAN PINES DRIVE
APOPKA, FL 32712 US

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: BONNIE E. COLES

03/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: HOLSTON, ROBERT W JR
Address: PO BOX 770609
City-St-Zip: WINTER GARDEN, FL 34777

Title: VDT () Delete
Name: JUNE, ROHLAND A II
Address: PO BOX 770609
City-St-Zip: WINTER GARDEN, FL 34777

Title: T () Delete
Name: COLES, BONNIE E
Address: P.O. BOX 194
City-St-Zip: PLYMOUTH, FL 32768

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BONNIE E. COLES

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03/10/2008

Electronic Signature of Signing Officer or Director

Date