2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000003682

RT FILED

May 13, 2008
Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2803 PONKAN PINES DRIVE APOPKA, FL 32712

Current Mailing Address: New Mailing Address:

P.O. BOX 194 PLYMOUTH, FL 32768

FEI Number: 20-4294126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS () Delete Title: PDS (X) Change () Addition Name: HOLSTON, ROBERT W JR Name: YADON, DANIEL

Address: PO BOX 770609 Address: 7530 LAKE ANDREA CIRCLE
City-St-Zip: WINTER GARDEN, FL 34777 City-St-Zip: MOUNT DORA, FL 34757

Title: VDT () Delete Title: VDT (X) Change () Addition

 Name:
 JUNE, ROHLAND A II
 Name:
 TRUENOW, MARK

 Address:
 PO BOX 770609
 Address:
 7424 LAKE MARNI COURT

 City-St-Zip:
 WINTER GARDEN, FL 34777
 City-St-Zip:
 MOUNT DORA, FL 34757

Title: () Delete Title: (X) Change () Addition COLES, BONNIE E Name: BUTLER, MARY FRANCES Name: Address: P.O. BOX 194 Address: 7531 LAKE ANDREA CIRCLE City-St-Zip: PLYMOUTH, FL 32768 City-St-Zip: MOUNT DORA, FL 34757

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: MARY FRANCES BUTLER S 05/13/2008