

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008910

FILED
Apr 24, 2007
Secretary of State

Entity Name: GREEN MOUNTAIN SCENIC BYWAY, INC.

Current Principal Place of Business:

15818 VINOLA DRIVE
MONTVERDE, FL 34756

New Principal Place of Business:

Current Mailing Address:

15818 VINOLA DRIVE
MONTVERDE, FL 34756

New Mailing Address:

FEI Number: 20-5865184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, BLAIR M
425 S. DILLARD STREET
WINTER GARDEN, FL 34787 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: CHR () Delete
Name: PATTERSON, KATHLEEN
Address: 16939 SEVENTH STREET
City-St-Zip: MONTVERDE, FL 34756

Title: VCHR () Delete
Name: GENSHEIMER, GREG
Address: 15818 VINOLA DRIVE
City-St-Zip: MONTVERDE, FL 34756

Title: TD () Delete
Name: ERKERT, PATRICIA
Address: 16131 MAGNOLIA CREEK LANE
City-St-Zip: MONTVERDE, FL 34756

Title: SD () Delete
Name: PHIPPS, RAMONA
Address: 14908 TILDEN ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: DOMERCHIE, JENIFER
Address: 631 N. WYMORE ROAD, SUITE 100
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: WOODS, MIKE
Address: 1616 S. 14TH STREET
City-St-Zip: LEESBURG, FL 34748

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:

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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: GREGORY J GENSHEIMER

VCHR

04/24/2007

Electronic Signature of Signing Officer or Director

Date