

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008910

FILED  
Mar 07, 2009  
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: GENSHEIMER, GREG  
Address: 15818 VINOLA DRIVE  
City-St-Zip: MONTVERDE, FL 34756

Title: VCHR ( ) Delete  
Name: PATTERSON, KATHLEEN  
Address: 16939 SEVENTH STREET  
City-St-Zip: MONTVERDE, FL 34756

Title: TD ( ) Delete  
Name: GENSHEIMER, GREG  
Address: 15818 VINOLA DRIVE  
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: ROBERTS, VAUGHN  
Address: 19152 BRIDGES GLEN LN  
City-St-Zip: CLERMONT, FL 34715

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: TD (X) Change ( ) Addition  
Name: WICKWIRE, WENDY S  
Address: 18628 LONE DOVE LN  
City-St-Zip: CLERMONT, FL 34715

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: GREGORY J GENSHEIMER

CHR

03/07/2009

Electronic Signature of Signing Officer or Director

Date