2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# N07000005851

Entity Name: GREEN ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5623 US HWY 19
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

10220 US HIGHWAY 19N
SUITE 301
PORT RICHEY, FL 34668

Current Mailing Address:

PO BOX 670
PORT RICHEY, FL 34673

New Mailing Address:

10220 US HIGHWAY 19N
SUITE 301
PORT RICHEY, FL 34668

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, DAVID W
5623 US HWY 19
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

FIEBE, CRAIG J
10220 US HIGHWAY 19N
SUITE 301
PORT RICHEY, FL 34668 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: CRAIG J FIEBE 04/09/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: FIEBE, CRAIG J
Address: 10220 US HIGHWAY 19N, SUITE 301
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Change (X) Addition
Name: FIEBE, JOANNE K
Address: 10220 US HIGHWAY 19N, SUITE 301
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Change (X) Addition
Name: MCGOWAN, MATTHEW
Address: 10220 US HIGHWAY 19N, SUITE 301
City-St-Zip: PORT RICHEY, FL 34668

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: CRAIG J FIEBE D 04/09/2008
Electronic Signature of Signing Officer or Director Date