
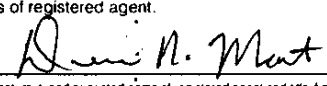
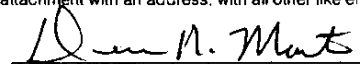


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90106 022 ****61.25

DOCUMENT # N07000006649 1. Entity Name GREEN COVE SPRINGS AERIE 4505 FOE, INC.					
Principal Place of Business 3265 HWY 17 GREEN COVE SPRINGS, FL 32043			Mailing Address 3265 HWY 17 GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 912 GREEN COVE SPRINGS, FL 32043			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04222008 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-5516219				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALTMAN, MICHAEL P 7588 OLD MIDDLEBURG ROAD SOUTH JACKSONVILLE, FL 32222			Name DENNIS R. MARTIN Street Address (P.O. Box Number is Not Acceptable) 3297 RUSSELL RD City GREEN COVE SPRINGS FL Zip Code 32043		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE 4/22/08		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARRS, BILLY M 3265 HWY 17 GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENNIS A. REINHART 119 COKEBURY COURT GREEN COVE SPRINGS, FL 32043-9519	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTIN, DENNIS R 3265 HWY 17 GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALTMAN, MICHAEL P 3265 HWY 17 GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DENNIS R. MARTIN 3297 RUSSELL RD GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD UNDERWOOD, ROBERT A 3265 HWY 17 GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANTHONY T. STURCH 3087 GROOSE CREEK LN GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MOTES, MARSHALL E 3265 HWY 17 GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD GREGORY A. HALL 2749 FRONTIER AVE ORANGE PARK, FL 32065-7413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALL, RONALD T 3265 HWY 17 GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER L. BOUTIER 8946 CR 209 S GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DENNIS R. MARTIN 4/22/08 904-626-3893					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					