

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006649

FILED
Jan 22, 2009
Secretary of State

Entity Name: GREEN COVE SPRINGS AERIE 4505 FOE, INC.

Current Principal Place of Business:

3265 HWY 17
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

424 WALNUT STREET
GREEN COVE SPRINGS, FL 32043 US

Current Mailing Address:

PO BOX 912
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 20-5516219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTIN, DENNIS R
3297 RUSSELL ROAD
GREEN COVE SPRINGS, FL 32043 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: PD () Delete
Name: REINHART, DENNIS A
Address: 119 COKEBURY COURT
City-St-Zip: GREEN COVE SPRINGS, FL 320439519

Title: VPD () Delete
Name: MARTIN, DENNIS R
Address: 3265 HWY 17
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SD () Delete
Name: MARTIN, DENNIS R
Address: 3297 RUSSELL ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD () Delete
Name: STURCH, ANTHONY T
Address: 3087 GROOSE CREEK LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DD () Delete
Name: HALL, GREGORY A
Address: 2749 FRONTIER AVENUE
City-St-Zip: ORANGE PARK, FL 320657413

Title: D () Delete
Name: BOUTIER, PETER L
Address: 5946 CR 209 S
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RONALD, WALL T
Address: 1534 CR 315
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DENNIS R MARTIN

SEC

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date