


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N09023		
1. Entity Name THE GREATER FARMS AT QUINCY PROPERTY OWNERS ASSOCIATION, INC.		

Principal Place of Business 210 PLANTERS CIRCLE QUINCY, FL 32352 US	Mailing Address P.O. BOX 54 QUINCY, FL 32353 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
D'ENTREMONT, CINDY 210 PLANTERS CIRCLE QUINCY, FL 32352	

FILED

06 FEB -7 PH 4:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02072006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3023500	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYKES, CHRIS 829 QUAIL ROOST DRIVE QUINCY, FL 32352 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARR, ELAN 831 QUAIL ROOST DRIVE QUINCY, FL 32352 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNNIE, WALKER 160 RED BIRD ROAD QUINCY, FL 32352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, ANN 1514 ELM STREET QUINCY, FL 32352 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'ENTREMONT, CINDY 210 PLANTERS CIRCLE QUINCY, FL 32352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500066554895 02/24/06--01014--005 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SUTTON, ROBERT 385 LAKE LAURIE CIRCLE QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIGPEN, JAMES 288 PLANTERS CIRCLE QUINCY, FL 32352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENDRIX, VICKIE 497 QUAIL ROOST DRIVE QUINCY, FL 32352 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Robert A. Sutton **ROBERT A. SUTTON** **FEB 7, 2006** **856-9209**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #