


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90039 038 ****61.25

DOCUMENT # N13446 1. Entity Name GREENLEAF COMMUNITY ASSOCIATION, INC.	
---	---

Principal Place of Business 6717 SPRING RAIN DRIVE ORLANDO, FL 32819-4737 6826	Mailing Address 6717 SPRING RAIN DRIVE ORLANDO, FL 32819-4737 6826
---	---

DO NOT WRITE IN THIS SPACE



02202008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent TALIAFERRO, DIANE Patricia Ongena 6803 SPRING RAIN DRIVE 6826 Spring Rain Dr ORLANDO, FL 32819 Orlando, FL 32819

DO NOT WRITE IN THIS SPACE

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 <u>Diane W. Taliaferro</u> 4/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

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
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERICKSON, KATHRYN-6 John Ongena 6717 SPRING RAIN DRIVE 6826 Spring Rain Dr ORLANDO, FL 32819 Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TALIAFERRO, DIANE Lisa Crowley 6803 SPRING RAIN DRIVE 6811 Spring Rain Dr ORLANDO, FL 32819 Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PACHECO, VICTOR James Saredes 6810 SPRING RAIN DRIVE 6810 Spring Rain Dr ORLANDO, FL 32819 Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <u>Diane W. Taliaferro</u> 4/15/08 407-352-1969 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
--