


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N40017</b>	
1. Entity Name <b>GREATER COUNTRY ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>P.O. BOX 1753 MOUNT DORA, FL 32757 US</b>	Mailing Address <b>P.O. BOX 1753 MOUNT DORA, FL 32757 US</b>
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03072006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3030460</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**8. Name and Address of Current Registered Agent**

**TENNYSON, WALTER A  
 7736 LAKE ANDREA CIRCLE  
 MOUNT DORA, FL 32757**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD ESTEY, DORA MAE 7681 LAKE ANDREA CIRCLE MOUNT DORA, FL 32757</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD TENNYSON, WALTER A 7736 LAKE ANDREA CIRCLE MOUNT DORA, FL 32757</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD KNIBBS, SONIA 7723 LAKE ANDREA CIR. MOUNT DORA, FL</b>
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**

000000465108  
 03/22/06-80023-008 61.25

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:** W. A. Tennyson \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #