


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N40017</b>			
1. Entity Name <b>GREATER COUNTRY ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business P.O. BOX 1753 MOUNT DORA FL 32757 US		Mailing Address P.O. BOX 1753 MOUNT DORA FL 32757 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE      CR2E037 (10/07)

4. FEI Number <b>59-3030460</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TENNYSON, WALTER A 7736 LAKE ANDREA CIRCLE MOUNT DORA FL 32757</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ DATE _____ <small>Signature, typed or carbon name of registered agent in title of final state. (NOTE: Registered Agent signature required with this filing)</small>					

<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	VPD ESTEY, DORA MAE <input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS CITY- ST- ZIP	7681 LAKE ANDREA CIRCLE MOUNT DORA FL 32757	STREET ADDRESS CITY- ST- ZIP	U00000206135 02/06/08-80030-002 61.25
TITLE NAME	STD TENNYSON, WALTER A <input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS CITY- ST- ZIP	7736 LAKE ANDREA CIRCLE MOUNT DORA FL 32757	STREET ADDRESS CITY- ST- ZIP	
TITLE NAME	PD KNIBBS, SONIA <input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS CITY- ST- ZIP	7723 LAKE ANDREA CIR. MOUNT DORA FL	STREET ADDRESS CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Walter A Tennyson *W.A. Tennyson*