FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N40394 (1)

1. Corporation Name

THE GREEN HILLS/SOUTHLAND PINES HOMEOWNERS ASSOC IATION, INC.

Principal Place of Business	Mailing Address
17120 SW 109 AVE. MIAMI FL 33157	17120 SW 109 AVE. MIAMI FL 33157

3. Date Incorporated or Qualified: 10/15/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CHAIT, LAURI R.
17120 SW 109 AVE.
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☑ Change ☐ Addition
NAME	CHAIT, LAURI R.	1.2 NAME	Jeannie PIAZZA-ZUNIGA	
STREET ADDRESS	17120 SW 109 AVE.	1.3 STREET ADDRESS	11340 SW 176 ST	
CITY ST ZIP	MIAMI FL	1.4 CITY ST ZIP	MIAMI FL 33157	
TITLE	V	2.1 TITLE	V	☑ Change ☐ Addition
NAME	ESTES, EDDIE L, JR.	2.2 NAME	Gene RELIFORD	
STREET ADDRESS	17000 SW 108 CT.	2.3 STREET ADDRESS	11321 SW 176 ST	
CITY ST ZIP	MIAMI FL	2.4 CITY ST ZIP	MIAMI FL 33157	
TITLE	D	3.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	DAVIS, CARMELITA	3.2 NAME	LAURI R CHAIT	
STREET ADDRESS	11121 SW 172 TERR.	3.3 STREET ADDRESS	17120 SW 109 AVE	
CITY ST ZIP	MIAMI FL	3.4 CITY ST ZIP	MIAMI FL 33157	
TITLE	D	4.1 TITLE	D	☑ Change ☐ Addition
NAME	WARNER, DAVID	4.2 NAME	GREG TODD	
STREET ADDRESS	17400 SW 108 AVE	4.3 STREET ADDRESS	10840 SW 171 ST	
CITY ST ZIP	MIAMI FL	4.4 CITY ST ZIP	MIAMI FL 33157	
TITLE	D	5.1 TITLE	D	☑ Change ☐ Addition
NAME	HONYAK, ALEX	5.2 NAME	AL BEASLEY	
STREET ADDRESS	17631 SW 109 AVENUE	5.3 STREET ADDRESS	11320 SW 176 ST	
CITY ST ZIP	MIAMI FL	5.4 CITY ST ZIP	MIAMI FL 33157	
TITLE		6.1 TITLE	D	☑ Change ☐ Addition
NAME		6.2 NAME	REV TIM KILBY	
STREET ADDRESS		6.3 STREET ADDRESS	11001 SW 184 ST	
CITY ST ZIP		6.4 CITY ST ZIP	MIAMI, FL 33157	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lauri R Chait — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 — Date
(305) 378-1679 — Daytime Phone #

0043390