2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# N49217

Entity Name: COMMUNITY ASSOCIATION OF GREENLAND ESTATES, INC . OF JACKSONVILLE

Current Principal Place of Business:

11790 MOUNTAIN WOOD LANE
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 23114
JACKSONVILLE, FL 322413114 US

New Mailing Address:

FEI Number: 59-3127162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUMPKIN, JOE
11790 MOUNTAIN WOOD LANE
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DIMAGGIO, TOM
Address: 11850 MOUNTAIN WOOD LN
City-St-Zip: JACKSONVILLE, FL 32258

Title: SD ( ) Delete
Name: DIMAGGIO, STACY
Address: 11850 MOUNTAIN WOOD LN.
City-St-Zip: JACKSONVILLE, FL 32258

Title: TD ( ) Delete
Name: LUMPKIN, JOE
Address: 11790 MOUNTAIN WOOD LN.
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete
Name: SLUPSKI, BILL
Address: 11766 MOUNTAIN WOOD LN
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE LUMPKIN TD 02/08/2009

Electronic Signature of Signing Officer or Director — Date