


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N50713</b> 1. Entity Name GREEN MEADOWS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 719 GREEN STREET, UNIT 104 FORT WALTON BEACH, FL 32547 US	Mailing Address 719 GREEN STREET, UNIT 104 FORT WALTON BEACH, FL 32547 US
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**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1789496	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

OLSEN, ARNOLD L  
719 GREEN STREET, UNIT 104  
FORT WALTON BEACH, FL 32547

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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000183432 01/19/05 080000 020 70:00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLCOMBE, NANCY 903 EMILY CIR. FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OLSEN, ARNOLD 719 GREEN ST., UNIT 104 FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWARD, WILLIAM M 908 GRANDVIEW DRIVE LEWISVILLE, TX 960677594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Arnold L Olsen Olsen, Arnold L **13 JAN '05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **850-863-2656**