


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N50713
 1. Entity Name
GREEN MEADOWS CONDOMINIUM ASSOCIATION, INC.



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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01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1789496	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 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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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reselecting)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 STOKES, JAMES R JR 16 WINFIELD WAY MARY ESTHER, FL 32569
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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 01/09/07-80054-008 70.00

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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: Arnold L. Olsen **Olsen, ARNOLD L** 4 JAN '07 (850) 863-2656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #