


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90042 025 \*\*\*\*61.25

<b>DOCUMENT # N94000000611</b> 1. Entity Name <b>THE GREENS OF KILLEARN PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3097 WHITE IBIS WAY TALLAHASSEE, FL 32309</b>			Mailing Address <b>3097 WHITE IBIS WAY TALLAHASSEE, FL 32309</b>		
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	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HERBERT, ELIZABETH 3097 WHITE IBIS WAY TALLAHASSEE, FL 32309</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Elizabeth W Herbert</i></u> <span style="float: right;">3-12-2007</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LEWIS, BILL</b>		NAME	<b>Bracher, Cathy</b>	
STREET ADDRESS	<b>3037 SAWGRASS CIR</b>		STREET ADDRESS	<b>3038 Sawgrass Cir</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32309</b>		CITY-ST-ZIP	<b>Tallahassee FL 32309</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEWIS, BILL</b>		NAME		
STREET ADDRESS	<b>3037 SAWGRASS CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32307</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HARDY, LARRY</b>		NAME		
STREET ADDRESS	<b>3073 SAWGRASS CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32309</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HERBERT, ELIZABETH W</b>		NAME		
STREET ADDRESS	<b>3097 WHITE IBIS WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32309</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WALLACE, CAROLYN</b>		NAME		
STREET ADDRESS	<b>3073 WHITE IBIS WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32309</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BACHEMIN, EILEEN</b>		NAME		
STREET ADDRESS	<b>3041 SAWGRASS CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32309</b>		CITY-ST-ZIP		

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:** *Elizabeth W Herbert, TD* 3-12-2007 850 893 0520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Elizabeth W. Herbert*