

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003953

FILED  
Sep 02, 2009  
Secretary of State

Entity Name: GREEN HILL FARMS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13520 NW 79TH LANE  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

13520 NW 79TH LANE  
ALACHUA, FL 32615

**New Mailing Address:**

FEI Number: 59-3248871      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GREEN, HILARY M  
13520 NW 79TH LANE  
ALACHUA, FL 32615      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: ST      ( ) Delete  
Name: GREEN, HILARY M  
Address: 13520 NW 79TH LANE  
City-St-Zip: ALACHUA, FL 32615

Title: P      ( ) Delete  
Name: GREEN, PRESTON T  
Address: 13520 NW 79TH LANE  
City-St-Zip: ALACHUA, FL 32615

Title: VP      ( ) Delete  
Name: BLOCK, JOANNE  
Address: 2609 NW 23RD TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

**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:

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: HILARY M. GREEN

ST

09/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date