2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Sep 05, 2003 8:00 am Secretary of State DOCUMENT # **N94000003953** 09-05-2003 90114 013 ****61.25 GREEN HILL FARMS OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 240-D NW 76TH DRIVE 240-D NWL 76TH DRIVE GAINESVILLE FL 32607 GAINESVILLE PL 32607 2. Principal Place of Business 3. Mailing Address 3520 35ao n.w Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3248871 Applied For & State achua Not Applicable Country Country A \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .. Mullins HOBOR, HOWARD Street Address (P.O. Box Number is Not Acceptable) 240-D NW-ZETH DRIVE GAINESVILLE FL 32607 W.W. ane 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. SIGNATURE¹ (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ---- OFFICERS AND DIRECTORS 10. 11. Preston T. Green Addition TITLÊ Detete TITLE HOBOR, HOWARD 13520 N.U. 71th Lane NAME NAME 240-D NW 76TH DRIVE STREET ADDRESS STREET ADDRESS Alachera, FL 32415 CITY-ST-ZIP GAINESVILLE EL 32607 CITY-ST-ZIP Hilary M. Green Change Addition TITI F ■ Delete TITLE GREEN, HILARY M NAME NAME 13520 N.W. 79th Lare 4528 SW 83RD DR STREET ADDRESS STREET ADDRESS theasure CITY-ST-ZIP GAINESVILLE EL 32608 CITY-ST-ZIP Machina Fr Jo. Anne Block ☐ Change Addition Delete TITI F TITI F HODOR, ANDBEW NAME a 609 N.W. 23rd Terrace Vice 240 NW 76TH DRIVE STE D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32897 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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