

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001707

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** GREEN MEADOWS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5901 SW 160 AVE  
SOUTHWEST RANCHES, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

5901 SW 160 AVE  
SOUTHWEST RANCHES, FL 33331

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

GAI CHAPLES, MARY  
5901 SW 160 AVE  
SOUTHWEST RANCHES, FL 33331 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: SEC ( ) Delete  
Name: PUSHKAR, JAN  
Address: 5210 SW 172 AVE  
City-St-Zip: FT LAUDERDALE, FL 33331

Title: TRES ( ) Delete  
Name: MARTINEZ, SARA  
Address: 4711 SW 164 TERRACE  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: PRES ( ) Delete  
Name: GAI CHAPLES, MARY  
Address: 5901 SW 160 AVE  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: VP ( ) Delete  
Name: GLEISSNER, MELISSA  
Address: 5431 SW 163 AVE  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

**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:

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: GAI CHAPLES

PRES

03/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date