

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

Electronic Signature of Signing Officer or Director

PRES

03/27/2009

Date