2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005141

FILED Apr 23, 2007 Secretary of State

Entity Name: GREEN ACRES SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
P.O. BOX 3426 COCOA, FL 32924			4723 JILLIAN LANE COCOA, FL 32926		
Current Mailing Address: P.O. BOX 3426 COCOA, FL 32924			New Maili	New Mailing Address:	
			4723 JILLIAN LANE COCOA, FL 32926		
El Number	: 59-3472098	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	ILLIE A AN LANE FL 32926 U	3			
	e named entity s e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATU					
	Electron	ic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: Dity-St-Zip:	D () GREEN, LILLIA 4703 JILLIAN L COCOA, FL 32	ANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	P ()	Delete	Title:	() Change () Addition	
Name: Name: Nddress: City-St-Zip:	MILFORD, MIC 4802 JILLIAN L COCOA, FL 32	N	Name: Address: City-St-Zip:		
Name: Nddress:	4802 JILLIAN L COCOA, FL 32	N 926 Delete V	Address:	VS (X) Change () Addition HANNON, ROB 4762 JILLIAN LANE COCOA, FL 32926	
Name: Address: City-St-Zip: Fitle: Name: Address:	4802 JILLIAN L COCOA, FL 32 VS () DARBY, LERO 4733 JILLIAN L COCOA, FL 32	N 926 Delete N 926 Delete	Address: City-St-Zip: Title: Name: Address:	HANNON, ROB 4762 JILLIAN LANE	
lame: Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	4802 JILLIAN L COCOA, FL 32 VS () DARBY, LERO 4733 JILLIAN L COCOA, FL 32 T () BURGER, LEE 4723 JILLIAN L COCOA, FL 32	N 926 Delete N 926 Delete N 926 Delete HAEL ANE	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	HANNON, ROB 4762 JILLIAN LANE COCOA, FL 32926	

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: LEE BURGER T 04/23/2007