

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005141

FILED
Mar 21, 2009
Secretary of State

Entity Name: GREEN ACRES SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4723 JILLIAN LANE
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

4723 JILLIAN LANE
COCOA, FL 32926

New Mailing Address:

FEI Number: 59-3472098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, LILLIE A
4703 JILLIAN LANE
COCOA, FL 32926 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: D () Delete
Name: GREEN, LILLIE A
Address: 4703 JILLIAN LANE
City-St-Zip: COCOA, FL 32926

Title: P () Delete
Name: HANNON, ROB
Address: 4762 JILLIAN LANE
City-St-Zip: COCOA, FL 32926

Title: V () Delete
Name: DARBY, LEROY
Address: 4733 JILLIAN LANE
City-St-Zip: COCOA, FL 32926

Title: T () Delete
Name: BURGER, LEE
Address: 4723 JILLIAN LANE
City-St-Zip: COCOA, FL 32926

Title: S () Delete
Name: CLERICI, SHAURA
Address: 4742 JILLIAN LANE
City-St-Zip: COCOA, FL 32926

Title: DT () Delete
Name: BURGER, LEE
Address: 4723 JILLIAN LANE
City-St-Zip: COCOA, FL 32926

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:

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: LEE BURGER

T

03/21/2009

Electronic Signature of Signing Officer or Director

Date