2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N97000005794

Entity Name: THE GREENS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

5980 WINSTON TRAILS BLVD
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

C/O CAMPBELL PROP MGMT
5980 WINSTON TRAILS BLVD
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-0833199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKER, KRIVOK & STOLOFF
1818 S AUSTRALIAN AVE
WEST PALM BEACH, FL 33409 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: T ( ) Delete
Name: TOLMAN, MARC
Address: 5980 WINSTON TRLS BLVD
City-St-Zip: LAKE WORTH, FL 33463

Title: P ( ) Delete
Name: BADER, MARCY
Address: 5980 WINSTON TRAILS BLVD
City-St-Zip: LAKE WORTH, FL 33463

Title: SD ( ) Delete
Name: SMITH, LOIS
Address: 6929 SILVERADO TER.
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete
Name: ANDERSON, WADE
Address: 5838 LAQUNITA CT
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete
Name: CARTER, CHUCK
Address: 5612 EAGLE TRACE CT.
City-St-Zip: LAKE WORTH, FL 33463

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:

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: MARCY BADER P 01/22/2009

Electronic Signature of Signing Officer or Director — Date