

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002424

FILED
Apr 30, 2009
Secretary of State

Entity Name: GREEN VALLEY WEST HOMEOWNERS' ASSOCIATION OF LAKE COUNTY, INC.

Current Principal Place of Business:

1191 SINGLETON CIRCLE
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

PO BOX 773
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 65-0833501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRN VLY WEST HOMEOWNERS ASSN OF LAKE CTY
1191 SINGLETON CIRCLE
GROVELAND, FL 34736 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: P () Delete
Name: SWEATT, DINA
Address: 1191 SINGLETON CIRCLE
City-St-Zip: GROVELAND, FL 34736

Title: VP () Delete
Name: KERIAZES, GUS
Address: GREENLEY AVENUE
City-St-Zip: GROVELAND, FL 34736

Title: TR () Delete
Name: BARRY, ELAINE
Address: SINGLETON CIRCLE
City-St-Zip: GROVELAND, FL 34736

Title: SEC () Delete
Name: LOMAN, MELISSA
Address: SINGLETON CIRCLE
City-St-Zip: GROVELAND, FL 34736

Title: ARB () Delete
Name: ENMAN, DOTTIE
Address: SINGLETON CIRCLE
City-St-Zip: GROVELAND, FL 34736

Title: DIR () Delete
Name: MYDLO, THOMAS
Address: SINGLETON CIRCLE
City-St-Zip: GROVELAND, FL 34736

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: ARB (X) Change () Addition
Name: MYDLO, THOMAS
Address: SINGLETON CIRCLE
City-St-Zip: GROVELAND, FL 34736

Title: DIR (X) Change () Addition
Name: MORRIS, RALPH
Address: GREENLEY AVENUE
City-St-Zip: GROVELAND, FL 34736

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: DINA P SWEATT

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date