

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000063617

1. Entity Name
GREEN OAKS PLACE OF FT. PIERCE, INC.



Principal Place of Business
208 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984

Mailing Address
208 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1089277	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MADALIN, MARGE
208 SW PORT ST LUCIE BLVD.
PORT SAINT LUCIE, FL 34984

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NADALIN, MARGE
STREET ADDRESS	208 SW PORT ST LUCIE BLVD
CITY-ST-ZIP	PORT ST LUCIE, FL 34984

TITLE	PD
NAME	NADALIN, MARGE A
STREET ADDRESS	208 SW PORT ST LUCIE BLVD
CITY-ST-ZIP	PORT ST LUCIE, FL 34984

TITLE	
NAME	
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CITY-ST-ZIP	

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04/14/05-80086-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margery Madalin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05
Date

772-878-7480
Daytime Phone #