

# 2002 UNIFORM BUSINESS REPORT (UBR)

0504312 AV

CR2E034 (9/01)

DOCUMENT # NO2000000272  
 1. Entity Name  
**GREENFIELD COMMONS CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**02 MAY -1 AM 11:32**

Principal Place of Business Mailing Address  
**1025 COMMONS CIR.** **1025 COMMONS CIR.**  
**NAPLES FL 34119** **NAPLES FL 34119**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-3626321** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PEEPLES, C. PERRY**  
**8889 PELICAN BAY BOULEVARD**  
**SUITE 300**  
**NAPLES FL 34108**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$450.00 61.25**  
~~After May 1, 2002 Fee will be \$350.00~~  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SALCE, ANTHONY JR.</b> <del>4255 GULF SHORE BLVD., NORTH, STE. 1103</del> <del>NAPLES FL 34103</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MALAMPHY, GERALD</b> <del>4255 GULF SHORE BLVD., NORTH, STE. 1103</del> <del>NAPLES FL 34103</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <del>MALAMPHY, PAMELA</del> <del>4255 GULF SHORE BLVD., NORTH, STE. 1103</del> <del>NAPLES FL 34103</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1025 COMMONS CIR.</b> <b>NAPLES, FL 34119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1025 COMMONS CIR.</b> <b>NAPLES, FL 34119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DONALD MAZZARELLA</b> <b>1025 COMMONS CIR.</b> <b>NAPLES, FL 34119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800005430748-5</b> <b>-05/25/01--01013000010</b> <b>****411.25 ****61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **4/22/02** **941-304-0990**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #