

2001 UNIFORM BUSINESS REPORT (UBR)

0394178

DOCUMENT # N92000000272

1. Entity Name
GREENFIELD COMMONS CONDOMINIUM ASSOCIATION, INC.

FILED
01 MAY 30 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4255 GULF SHORE BOULEVARD NORTH SUITE 1103 NAPLES FL 34103	Mailing Address 4255 GULF SHORE BOULEVARD NORTH SUITE 1103 NAPLES FL 34103
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2. Principal Place of Business 1025 COMMONS CIR.	3. Mailing Address 1025 COMMONS CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES, FL	City & State NAPLES, FL	4. FEI Number 59-3626321	Applied For Not Applicable
Zip 34119	Country USA	Zip 34119	Country USA

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
State 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 _____ DATE 150.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

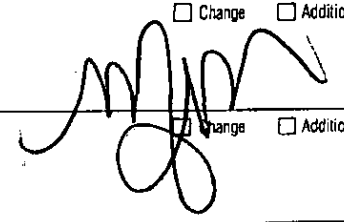
TITLE	D	<input type="checkbox"/> Delete
NAME	SALCE, ANTHONY JR.	
STREET ADDRESS	4255 GULF SHORE BLVD., NORTH, STE. 1103	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALAMPHY, GERALD	
STREET ADDRESS	4255 GULF SHORE BLVD., NORTH, STE. 1103	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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to be imaged



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: Gerald Malamphy DATE: 4/30/01 DAYTIME PHONE #: 941-304-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)