

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N92000000272

1. Entity Name  
**GREENFIELD COMMONS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
4255 GULF SHORE BOULEVARD, NORTH      4255 GULF SHORE BOULEVARD, NORTH  
1103      SUITE 1103  
FL 34103      NAPLES FL 34103

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

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

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

**FILED**  
 00 JUL -3 PM 3:52  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 6/9/00 900341005 \$100.00

DO NOT WRITE IN THIS SPACE

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 re-registering)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEES \$158.00**  
**After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SALCE, ANTHONY JR</b> <b>4255 GULF SHORE BLVD., NORTH, STE. 1103</b> <b>NAPLES FL 34103</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>1949</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MALAMPHY, GERALD</b> <b>4255 GULF SHORE BLVD., NORTH, STE. 1103</b> <b>NAPLES FL 34103</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>900003251949</b> <b>-05/15/00--01025--011</b> <b>*****200.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MALAMPHY, PAMELA</b> <b>4255 GULF SHORE BLVD., NORTH, STE. 1103</b> <b>NAPLES FL 34103</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>LS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*to be image*

13. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_      **5-2-00**      **941-314-0990**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)