

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000354 (2)**  
1. Corporation Name

**GREENFIELD HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

1390 MIAN STREET  
6TH FLOOR  
SARASOTA FL 34236

Mailing Address

4924 FRUITVILLE ROAD  
SARASOTA FL 34232  
US

3. Date Incorporated or Qualified  
**11/16/1992**

3a. Date of Last Report  
**03/17/1995**

2. Principal Place of Business

2a. Mailing Address

21 **4453 Greenfield Ave.**  
Suite, Apt. #, etc.

26 **4411 Bee Ridge Rd.**  
Suite, Apt. #, etc.

4. FEI Number  
**65-0377587**

Applied For  
Not Applicable

22 City & State  
**Sarasota Fl.**

27 **Suite 132**  
City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **Sarasota Fl.**  
Zip Country

28 **Sarasota Fl.**  
Zip Country

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

24 **34233** 25 **USA**

29 **34233** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHUNG, WEN Y**  
4924 FRUITVILLE ROAD  
FT LAUDERDALE FL 34232

81 Name **William Welch**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4453 Greenfield Ave.**

83

84 City **Sarasota**

FL

85 Zip Code **34233**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*William Welch* **Director/President** **April 10, 1996**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHUNG, WEN Y</b>	
STREET ADDRESS	<b>4924 FRUITVILLE ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHUNG, FILIC</b>	
STREET ADDRESS	<b>4924 FRUITVILLE ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHUNG, LEE E</b>	
STREET ADDRESS	<b>4924 FRUITVILLE ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>William Welch</b>	
1.3 STREET ADDRESS	<b>4453 Greenfield Ave.</b>	
1.4 CITY-ST-ZIP	<b>Sarasota, Fl. 34233</b>	
2.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Filic Chung</b>	
2.3 STREET ADDRESS	<b>4454 Hollybrook Way</b>	
2.4 CITY-ST-ZIP	<b>Sarasota, Fl. 34233</b>	
3.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Barbara Beattie</b>	
3.3 STREET ADDRESS	<b>4449 Greenfield Ave.</b>	
3.4 CITY-ST-ZIP	<b>Sarasota, Fl. 34233</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Welch* **April 10, 1996**

**(941)927-5055**

CR2E037 (12/95)