

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000354 (2)
1. Corporation Name
GREENFIELD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 4453 GREENFIELD AVE. SARASOTA FL 34236 US	Mailing Address 4411 BEE RIDGE RD. SUITE 132 SARASOTA FL 34233 US
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3. Date Incorporated or Qualified 11/16/1992	
4. FEI Number 65-0377587	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
4453 GREENFIELD AVE. SARASOTA FL 34236 US	4411 BEE RIDGE RD. SUITE 132 SARASOTA FL 34233 US

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**WILLIAM WELCH
4453 GREENFIELD AVE.
SARASOTA FL 34233**

10. Name and Address of New Registered Agent
81 Name
Management Concepts of Sarasota Cty
82 Street Address (P.O. Box Number is Not Acceptable)
5550 Bee Ridge Road, Suite E-3
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. Such 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 617.0503, Florida Statutes.

SIGNATURE *Dana M. Reed* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME WILLIAM WELCH	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4453 GREENFIELD AVE	CITY-ST-ZIP SARASOTA FL	1.2 NAME	1.3 STREET ADDRESS
TITLE D	NAME FLORSHEIM, AIDA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4425 GREENFIELD AVE.	CITY-ST-ZIP SARASOTA FL	2.2 NAME	2.3 STREET ADDRESS
TITLE D	NAME ACOSTA, MICHAEL	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5208 SUNNYDALE CIR. S.	CITY-ST-ZIP SARASOTA FL	3.2 NAME	3.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME BEHANNA, JAMES	4.3 STREET ADDRESS 5137 SUNNDALE CIRCLE W
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP SARASOTA, FL 34233	5.1 TITLE SD
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME FLORSHEIM, GILBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS 4424 GREENFIELD AVENUE	5.4 CITY-ST-ZIP SARASOTA FL 34233
STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME	6.2 NAME FETTERS, RANDALL	6.3 STREET ADDRESS 5216 SUNNYDALE CIRCLE S
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP SARASOTA, FL 34233	

14. 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 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: *Michael Reed* 4/2/98 941-925-3088

CP2E037 (10/97)