

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000354

FILED
Feb 16, 2006
Secretary of State

Entity Name: GREENFIELD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 17901
SARASOTA, FL 34276 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 17901
SARASOTA, FL 34276 US

New Mailing Address:

FEI Number: 65-0377587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOIGT, STEPHEN F
VOIGT & VOIGT P. A.
2042 BEE RIDGE RD
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARTMAN, JANET P
Address: 5125 SUNNYDALE CR W
City-St-Zip: SARASOTA, FL 34233

Title: VP () Delete
Name: NOBLE, GERRY
Address: 4437 GREENFIELD AVE.
City-St-Zip: SARASOTA, FL 34233

Title: SD () Delete
Name: DUMAS, LYNNE
Address: 5204 SUNNYDALE CR. S
City-St-Zip: SARASOTA, FL 34233

Title: TD () Delete
Name: BANKO, JAMES B
Address: 5273 SUNNYDALE CR E
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: GRAMWELL, REBECCA
Address: 5244 SUNNYDALE CIR. E.
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MILLER, BOBBY
Address: 5280 GREENFIELD CIRCLE EAST
City-St-Zip: SARASOTA, FL 34233

Title: SD (X) Change () Addition
Name: NOBLE, GERALDINE
Address: 4437 GREENFIELD AVE
City-St-Zip: SARASOTA, FL 34233

Title: TD (X) Change () Addition
Name: JOHN, ZACCARI J
Address: 5197 SOUTH SUNNYDALE CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: D (X) Change () Addition
Name: LESMERISES, JOSEPH
Address: 4424 GREENFIELD AVE
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J ZACCARI

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02/16/2006

Electronic Signature of Signing Officer or Director

Date