


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N92000000354

1. Entity Name
GREENFIELD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business PO BOX 17901 SARASOTA, FL 34276 US	Mailing Address PO BOX 17901 SARASOTA, FL 34276 US
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01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0377587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTMAN, JANET P 5125 SUNNYDALE CR W SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, BOBBY 5280 GREENFIELD CIRCLE EAST SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOBLE, GERALDINE 4437 GREENFIELD AVE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHN, ZACCARI J 5197 SOUTH SUNNYDALE CIRCLE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESMERISES, JOSEPH 4424 GREENFIELD AVE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/07-80076-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John J Zaccari* **John J ZACCARI** 1/11/07 941-809-3141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #