

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90125 038 ****61.25

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0377587**

Applied For

Not Applicable

5. Certificate of Status Desired

\$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**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
NAME **HARTMAN, JANET P**
STREET ADDRESS **5125 SUNNYDALE CR W**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **MOTOLA, RICK**
STREET ADDRESS **5189 SUNNYDALE CR S**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **IVAN, PATRICE**
STREET ADDRESS **5268 SUNNYDALE CR E**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **SD** Change Addition
NAME **DUMAS, Lynne**
STREET ADDRESS **5204 Sunnydale Cr. S**
CITY-ST-ZIP **Sarasota, FL 34233**

TITLE **TD** Delete
NAME **BANK, JAMES B**
STREET ADDRESS **5273 SUNNYDALE CR E**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **TD** Change Addition
NAME **BANKO, JAMES B**
STREET ADDRESS
CITY-ST-ZIP
Correction of spelling

TITLE **D** Delete
NAME **GREEN, SCOTT**
STREET ADDRESS **5116 SUNNYDALE CR N**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02

941-922-0656

CR2E037 (10/02)