

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2002 8:00 am  
Secretary of State

05-14-2002 90014 027 \*\*\*\*61.25

DOCUMENT # N94000005792

1. Entity Name

GREENFIELD LAKES OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5 EAST STATE ROAD 200  
YULEE FL 32097  
US

PO BOX 1987  
YULEE FL 32041  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3279197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, TERRELL J  
2215 EAST STATE ROAD 200  
YULEE FL 32097

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME DONNELLY, CAROLYN  
STREET ADDRESS 13030 STAFFORDSHIRE DR S  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☒ Delete

TITLE SID  
NAME Carolyn DONNELLY ☒ Change ☐ Addition  
STREET ADDRESS 13030 Staffordshire Dr  
CITY-ST-ZIP Jacksonville, FL 32225

TITLE VPD  
NAME HARKRIDER, GREG ☒ Delete  
STREET ADDRESS 578 HALVERSON CT  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE PID  
NAME Debra Jackson-McCrory ☒ Change ☐ Addition  
STREET ADDRESS 13024 Staffordshire Dr.  
CITY-ST-ZIP Jacksonville, FL 32225

TITLE SD  
NAME MCCRARY, ALEX ☒ Delete  
STREET ADDRESS 13024 STAFFORDSHIRE DR S  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE VPID  
NAME Wilfred A. Williams ☐ Change ☒ Addition  
STREET ADDRESS 13035 Staffordshire Dr.  
CITY-ST-ZIP Jacksonville, FL 32225

TITLE TD  
NAME KELLEY, EVA ☒ Delete  
STREET ADDRESS 12999 STAFFORDSHIRE DR S  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE TID  
NAME Anna J. Booth ☐ Change ☒ Addition  
STREET ADDRESS 13018 Staffordshire Dr  
CITY-ST-ZIP Jacksonville, FL 32225

TITLE D  
NAME WOODS, LOUISE ☒ Delete  
STREET ADDRESS 564 MANSHIP DR  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D  
NAME James Devlin ☐ Change ☒ Addition  
STREET ADDRESS 13023 Staffordshire Dr  
CITY-ST-ZIP Jacksonville, FL 32225

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME Eugene R. Nibbelink ☐ Change ☐ Addition  
STREET ADDRESS 565 Prindle Dr E  
CITY-ST-ZIP Jacksonville, FL 32225

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)