

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000040453

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC0072243410**

**Entity Name:** GREENFIELD PROPERTIES, INC.

**Current Principal Place of Business:**

900 BROKEN SOUND PARKWAY, SUITE 125  
BOCA RATON, FL 33487

**Current Mailing Address:**

900 BROKEN SOUND PARKWAY, SUITE 125  
BOCA RATON, FL 33487

**FEI Number:** 65-0498296

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GREENFIELD, WILLIAM R  
900 BROKEN SOUND PARKWAY NW  
SUITE 125  
BOCA RATON, FL 33487 US

*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

**Officer/Director Detail :**

Title DCEO  
Name GREENFIELD, WILLIAM R  
Address 900 BROKEN SOUND PARKWAY,  
SUITE 125  
City-State-Zip: BOCA RATON FL 33487

Title P  
Name LIGETI, GEORGE B  
Address 900 BROKEN SOUND PARKWAY,  
SUITE 125  
City-State-Zip: BOCA RATON FL 33487

Title VP  
Name STENBERG, BRIAN  
Address 900 BROKEN SOUND PARKWAY,  
SUITE 125  
City-State-Zip: BOCA RATON FL 33487

Title VP  
Name HLATKI, MICHAEL P  
Address 900 BROKEN SOUND PARKWAY,  
SUITE 125  
City-State-Zip: BOCA RATON FL 33487

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM R. GREENFIELD

**DIRECTOR**

**01/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date