

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756376

1. Entity Name

GREEN VALLEY ESTATES VILLAS ASSOCIATION, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90060 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

622 GREEN VALLEY ROAD  
 PALM HARBOR FL 34683

622 GREEN VALLEY ROAD  
 PALM HARBOR FL 34683-5114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2838391

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIANFRONE, JOSEPH R ESQ P  
 1968 BAYSHORE BLVD  
 DUNEDIN FL 34698

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	T.	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, DAVID	
STREET ADDRESS	670 GREEN VALLEY RD	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SERRANO, FORTUNATO	
STREET ADDRESS	1634 GLENGURRY DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RUNSPIES, DIANE	
STREET ADDRESS	634 GREEN VALLEY RD. #G6	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KING, JIM	
STREET ADDRESS	2367 MABEN CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENOYELLES, SHARON	
STREET ADDRESS	634 GREEN VALLEY RD. #G10	
CITY-ST-ZIP	PALM HARBOR FL 34687	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE MELHORN	
STREET ADDRESS	609 GREEN VALLEY RD I-7	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDI KING	
STREET ADDRESS	610 GREEN VALLEY RD H-10	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA - WARREN	
STREET ADDRESS	706 GREEN VALLEY RD E-2	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Sharon Denoyelles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00

CR2E037 (9/99)