

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 762059

1. Entity Name
GREENTREE SERVICES, INC.



Principal Place of Business
P.O. BOX 4241
BOYNTON BCH, FL 33424-4241

Mailing Address
P.O. BOX 4241
BOYNTON BCH, FL 33424-4241



04192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2163142

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIFFRI, GEORGE M
4728 B GREENTREE CIRCLE
BOYNTON BCH, FL 33436

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000531286
05/06/06-80034-025 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME SIFFRI, GEORGE M
STREET ADDRESS 4728 B GREENTREE CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE D
NAME QUEST, ALICE
STREET ADDRESS 4660 A GREENTREE PLACE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE P
NAME GLOSEFFI, ANDREW
STREET ADDRESS 4660 B FINCHWOOD TERRACE
CITY-ST-ZIP BOYNTON BEACH, FL

TITLE D
NAME ORSTE, GOLIA
STREET ADDRESS 4767 GREENTREE WAY
CITY-ST-ZIP BOYNTON BCH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

4/20/06 *561-737-1258*
Date Daytime Phone #