

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**



04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-2163142

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**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    |                          |

U00000725079  
05/03/07-80008-002 61.25

**DO NOT WRITE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/07

561-732-1258