FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J31654 (3)

1. Corporation Name
GREENFERN DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
541 SE WOODS EDGE TRAIL STUART FL 34997 US	541 SE WOODS EDGE TRAIL STUART FL 34997 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/04/1986
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business
21 2417 SW Marquis Ter.
22 Suite, Apt. #, etc.
23 City & State: Stuart, FL
24 Zip: 34997
25 County: Martin

2a. Mailing Address
26 2417 SW Marquis Ter.
27 Suite, Apt. #, etc.
28 City & State: Stuart, FL
29 Zip: 34997
30 County: Martin

4. FEI Number: 59-2721936 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

UCCARDI, JUDY
541 S. E. WOODS EDGE TRAIL
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name: Judy Uccardi
82 Street Address (P.O. Box Number is Not Acceptable): 2417 SW Marquis Ter.
83
84 City: Stuart FL 85 Zip Code: 34997

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change	☐ Addition
NAME	UCCARDI, GEORGE	12 NAME		
STREET ADDRESS	541 SE WOODS EDGE TRAIL	13 STREET ADDRESS	2417 SW Marquis Ter.	
CITY ST ZIP	STUART FL	14 CITY ST ZIP	Stuart, Fl. 34997	
TITLE	SDV	21 TITLE	☒ Change	☐ Addition
NAME	UCCARDI, JUDY	22 NAME		
STREET ADDRESS	541 SE WOODS EDGE TRAIL	23 STREET ADDRESS	2417 SW Marquis Ter.	
CITY ST ZIP	STUART FL	24 CITY ST ZIP	Stuart, Fl. 34997	
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judy Uccardi Judy Uccardi 4/17/95 (407)288-6589
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0381047 CP