

# 2002 UNIFORM BUSINESS REPORT (UBR)

0504312 AV

CR2E034 (9/01)

**DOCUMENT #** NO2000000272

**1. Entity Name**  
**GREENFIELD COMMONS CONDOMINIUM ASSOCIATION, INC.**

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**Principal Place of Business**      **Mailing Address**  
**1025 COMMONS CIR.**      **1025 COMMONS CIR.**  
**NAPLES FL 34119**      **NAPLES FL 34119**

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**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**FILED**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**02 MAY -1 AM 11:32**

DO NOT WRITE IN THIS SPACE

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**4. FEI Number** 59-3626321      ☐ **Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**PEEPLES, C. PERRY**      **Name**  
**8889 PELICAN BAY BOULEVARD**      **Street Address (P.O. Box Number is Not Acceptable)**  
**SUITE 300**      **City** **FL** **Zip Code**  
**NAPLES FL 34108**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$450.00 61.25**  
(See criteria on back) **After May 1, 2002 Fee will be \$350.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>SALCE, ANTHONY JR.</b> <del>4255 GULF SHORE BLVD., NORTH, STE. 1103</del> <b>NAPLES FL 34103</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1025 COMMONS CIR.</b> <b>NAPLES, FL 34119</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>MALAMPHY, GERALD</b> <del>4255 GULF SHORE BLVD., NORTH, STE. 1103</del> <b>NAPLES FL 34103</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1025 COMMONS CIR.</b> <b>NAPLES, FL 34119</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <del>MALAMPHY, PAMELA</del> <del>4255 GULF SHORE BLVD., NORTH, STE. 1103</del> <b>NAPLES FL 34103</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DONALD MAZZARELLA</b> <b>1025 COMMONS CIR.</b> <b>NAPLES, FL 34119</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **4/22/02** **941-304-0990**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #