

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90030 011 ****61.25

DOCUMENT # N02038

1. Entity Name

GREENVIEW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

947 LAKE DAMON DR.
 P.O. BOX 1391
 AVON PARK FL 33825
 US

Mailing Address

947 LAKE DAMON DR.
 P.O. BOX 1391
 AVON PARK FL 33825-8950
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

JANET RUSE

3. Mailing Address

JANET RUSE

Suite, Apt. #, etc.

338 GROVE CIRCLE

Suite, Apt. #, etc.

338 GROVE CIRCLE

City & State

AVON PARK, FL

City & State

AVON PARK FL

4. FEI Number

59-2463022

Applied For

Not Applied For

Zip

33825

Country

HIGHLANDS

Zip

Country

HIGHLANDS

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DONALD R.
947 LAKE DAMON DR.
AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name

JANET RUSE

Street Address (P.O. Box Number is Not Acceptable)

338 GROVE CIRCLE

City

AVON PARK FL FL 33825

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

JANET RUSE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, WILLIAM	
STREET ADDRESS	924 LAKE DAMON DR	
CITY-ST-ZIP	AVON PARK FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MOSES, FLORENCE	
STREET ADDRESS	928 LAKE DAMON DR	
CITY-ST-ZIP	AVON PARK FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CULP, CATHERINE	
STREET ADDRESS	926 LAKE DAMON DR	
CITY-ST-ZIP	AVON PARK	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	BARBARA FOSTER	
STREET ADDRESS	930 W. LAKE DAMON DR	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	S. LEWIS, FOSTER	
STREET ADDRESS	930 W. LAKE DAMON DR	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Foster* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-04-2000