


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90017 036 \*\*\*\*61.25

**DOCUMENT # N02038**

1. Entity Name  
**GREENVIEW HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**JANET RUSE**  
**338 GROVE CIRCLE**  
**AVON PARK, FL 33825 US**

Mailing Address  
**JANET RUSE**  
**338 GROVE CIRCLE**  
**AVON PARK, FL 33825 US**



2. Principal Place of Business  
**Stephen W. Ford**

3. Mailing Address  
**Stephen W. Ford**

Suite, Apt. #, etc.  
**244 FAIRWAY Dr.**

Suite, Apt. #, etc.  
**244 FAIRWAY Dr.**

City & State  
**AVON PARK FL.**

City & State  
**AVON PARK FL.**

Zip  
**33825**

Country  
**Highlands**

Zip  
**33825**

Country  
**Highlands**

02292004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2463022**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RUSE, JANET**  
**338 GROVE CIRCLE**  
**AVON PARK, FL 33825**

7. Name and Address of New Registered Agent

Name **Stephen W. Ford**

Street Address (P.O. Box Number is Not Acceptable)  
**244 FAIRWAY Dr.**

City **AVON PARK, FL** Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stephen W. Ford **Stephen W. Ford Vice President** **3-1-04**

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, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEDY, RONALD 926 W LAKE DAMON DR AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stephen W. Ford 244 FAIRWAY Dr. AVON PARK, FL 33825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FOSTER, LEWIS J 930 W LAKE DAMON DR AVON PARK, FL 33825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, ROSE 926 W LAKE DAMON DR AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen W. Ford **Stephen W. Ford V.P.** **3-1-04** **863-399-3700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #