


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N02038 1. Entity Name GREENVIEW HOMEOWNERS ASSOCIATION, INC.	
--	---

Principal Place of Business STEPHEN W. FORD 244 FAIRWAY DR AVON PARK, FL 33825 US	Mailing Address STEPHEN W. FORD 244 FAIRWAY DR AVON PARK, FL 33825 US
--	--

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2463022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, STEPHEN W
 244 FAIRWAY DR
 AVON PARK, FL 33825

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

Filing Fee is \$61.25
Due by May 1, 2005

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

U00000175733
 01/10/05-80063-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEDY, RONALD 926 W LAKE DAMON DR AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FORD, STEPHEN W 244 FAIRWAY DR AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, ROSE 926 W LAKE DAMON DR AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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** 1-5-05 863-399-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #