

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2007 08:00 AM  
Secretary of State

DOCUMENT # N02038

1. Entity Name  
GREENVIEW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
240 GREENVIEW DR  
AVON PARK, FL 33825 US

Mailing Address  
240 GREENVIEW DR  
AVON PARK, FL 33825 US



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

FORD, STEPHEN W  
240 GREENVIEW DR.  
AVON PARK, FL 33825

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FOSTER, JACK  
STREET ADDRESS 930 W LK DAMON RD.  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE VPD  
NAME FORD, STEPHEN W  
STREET ADDRESS 244 FAIRWAY DR  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE SD  
NAME KENNEDY, ROSE  
STREET ADDRESS 926 W LAKE DAMON DR  
CITY-ST-ZIP 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

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01/26/07-80067-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07

Date

863-399-3700

Daytime Phone #