

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03795

FILED
Jan 06, 2009
Secretary of State

Entity Name: GREENFIELDS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2233 SE FT KING STREET
STE B
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2233 SE FT KING STREET
STE B
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-2500203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLISON PROPERTY MANAGEMENT, INC.
2233 SE FT KING STREET
STE B
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEAKLAND, RALPH
Address: 1310 SW 30TH AVE
City-St-Zip: Ocala, FL 34471

Title: S () Delete
Name: SAUNDERS, PAT
Address: 1527 SE 22ND SVE
City-St-Zip: Ocala, FL 34471

Title: T () Delete
Name: BUCKLEY, GERALD
Address: 938 CRESTWOOD LANE AA7
City-St-Zip: CHAPEL HILL, NC 275179125

Title: D () Delete
Name: MYERS, VIRGINETTA
Address: 7 BROOK LANE
City-St-Zip: Ocala, FL 34472

Title: D () Delete
Name: BROWN, JERRY
Address: 504 SE 49TH AVE
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH WEAKLAND

PD

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date