

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90286 017 ****61.25

DOCUMENT # N09772 1. Entity Name GREENFIELD VILLAGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O SOUTHWEST PROPERTIES & MGMT. CO. 1044 CASTELLO DR. #206 NAPLES, FL 34103			Mailing Address C/O SOUTHWEST PROPERTIES & MGMT. CO. 1044 CASTELLO DR. #206 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # 1719 TRADE CENTER WAY Suite, Apt. #, etc. #4 City & State NAPLES, FL Zip 34109		3. Mailing Address P.O. Box 8478 Suite, Apt. #, etc. City & State NAPLES, FL Zip 34101-8478		03202007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2593495		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MANAGEMENT SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DRIVE #206 NAPLES, FL 34103			7. Name and Address of Now Registered Agent Name NANCY WINKLER Street Address (P.O. Box Number is Not Acceptable) SANDCASTLE COMMUNITY MANAGEMENT, INC 1719 TRADE CENTER WAY #4 City NAPLES FL Zip Code 34109		
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 <u><i>Nancy Winkler</i></u> NANCY WINKLER DATE 4/5/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD WOOD, BOB 1710 KING'S LAKE BLVD, #204 NAPLES, FL 34112 <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	VD PLASMAN, ROSE 1702 KING'S LAKE BLVD., #202 NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rose Plasmann		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURNER, ALICE 1714 KINGS LAKE BLVD., #204 NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALICE TURNER		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRCHNER, GEORGE 1708 KING'S LAKE BLVD., #202 NAPLES, FL 34102 <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	D HAUCK, BILL 1716 KINGS LAKE BLVD #201 NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition THOMAS J. EWALD 1712 KINGS LAKE BLVD #205 NAPLES, FL 34112		
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 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: <u><i>George B. Kirchner, Inc</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/5/07 239-596-7200 <small>Date Daytime Phone #</small>			