

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 29

DOCUMENT # N13510 (5)

1. Corporation Name

GREENVIEW HOMEOWNERS' ASSOCIATION AT FLORIDA CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **6236 PEREGRINE CT. ORLANDO FL 32819**
Mailing Address: **6236 PEREGRINE CT. ORLANDO FL 32819**

3. Date Incorporated or Qualified 02/20/1986	3a. Date of Last Report 03/14/1994
4. FEI Number 59-2690261	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRC 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**KLUG, DOUGLAS
6219 PEREGRINE CT
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE: *Douglas Klug* **Douglas Klug, President**
Signature, type or printed name of registered agent and title (required) (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	TILLMAN, ELAINE
STREET ADDRESS	6250 PEREGRINE CT
CITY- ST- ZIP	ORLANDO FL
TITLE	D
NAME	GULLERMO, GONZALES (Delete)
STREET ADDRESS	6204 PEREGRINE CT
CITY- ST- ZIP	ORLANDO FL
TITLE	TD
NAME	ORR, LORI
STREET ADDRESS	6209 PEREGRINE CT
CITY- ST- ZIP	ORLANDO FL
TITLE	DV
NAME	CORBO, SYLVIA
STREET ADDRESS	6208 PEREGRINE CT
CITY- ST- ZIP	ORLANDO FL
TITLE	DP
NAME	KLUG, DOUGLAS
STREET ADDRESS	6219 PEREGRINE CT
CITY- ST- ZIP	ORLANDO FL
TITLE	D
NAME	O'DONNELL, MICHAEL
STREET ADDRESS	6212 PEREGRINE COURT
CITY- ST- ZIP	ORLANDO FL

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	d <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Tillman, Elaine
13 STREET ADDRESS	6250 Peregrine Ct
14 CITY- ST- ZIP	Orlando, FL 32819
21 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Jacobs, Debra
23 STREET ADDRESS	6258 Peregrine Ct.
24 CITY- ST- ZIP	Orlando, FL 32819
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (2)(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Douglas Klug* **Doug Klug, President**
Signature and typed or printed name of signing officer or director
2-19-95
407-363-9998
Date
Telephone Number