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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N13510 (5)

1. Corporation Name

GREENVIEW HOMEOWNERS' ASSOCIATION AT FLORIDA CENTER, INC.



Principal Place of Business

Mailing Address

6236 PEREGRINE CT.  
ORLANDO FL 32819

6236 PEREGRINE CT.  
ORLANDO FL 32819-7579

3. Date Incorporated or Qualified  
02/20/1986

3a. Date of Last Report  
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-2690261

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLUG, DOUGLAS  
6219 PEREGRINE CT  
ORLANDO FL 32819

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DESROCHERS, JOSEE	
STREET ADDRESS	6248 PEREGRINE COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GLASCOCK, JOANNE	
STREET ADDRESS	6203 PEREGRINE COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ORR, LORI	
STREET ADDRESS	6209 PEREGRINE CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CORBO, SYLVIA	
STREET ADDRESS	6208 PEREGRINE CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KLUG, DOUGLAS	
STREET ADDRESS	6219 PEREGRINE CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'DONNELL, MICHAEL	
STREET ADDRESS	6212 PEREGRINE COURT	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas, Betsy	
1.3 STREET ADDRESS	6214 Peregrine Ct.	
1.4 CITY-ST-ZIP	Orlando, FL 32819	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gonzalez, Guillermo	
2.3 STREET ADDRESS	6204 Peregrine Ct.	
2.4 CITY-ST-ZIP	Orlando, FL 32819	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Douglas Klug*  
Douglas Klug

1-27-97

407-363-9998

Date

Daytime Phone # 0017605

CR2E037 (9/96)