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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N13510

1. Corporation Name

GREENVIEW HOMEOWNERS' ASSOCIATION AT FLORIDA CENTER, INC.

Principal Place of Business

6236 PEREGRINE CT.
 ORLANDO FL 32819

Mailing Address

6236 PEREGRINE CT.
 ORLANDO FL 32819



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/20/1986

4. FEI Number
 59-2690261

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 **GUILLERMO J. GONZALEZ, SR.**
 82 Street Address (P.O. Box Number is Not Acceptable)
6204 PEREGRINE COURT
 83
 84 City **ORLANDO** FL 85 Zip Code **32819**

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

Guillermo J. Gonzalez - **GUILLERMO J. GONZALEZ / President**

2/28/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
 NAME **WALKER, LAVERNE**
 STREET ADDRESS **6211 PEREGRINE CT**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **DS** DELETE
 NAME **GLASCOCK, JOANNE**
 STREET ADDRESS **6203 PEREGRINE COURT**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** DELETE
 NAME **ORR, LORI**
 STREET ADDRESS **6209 PEREGRINE CT**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **DP** DELETE
 NAME **GONZALEZ, GUILLERMO**
 STREET ADDRESS **6204 PEREGRINE CT.**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **DV** DELETE
 NAME **KLUG, DOUGLAS**
 STREET ADDRESS **6219 PEREGRINE CT**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** DELETE
 NAME **KNIGHT, WILLIAM III**
 STREET ADDRESS **6232 PEREGRINE CT**
 CITY-ST-ZIP **ORLANDO FL 32819**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME **TD BELLIGIO, MANUELA**
 3.3 STREET ADDRESS **6208 PEREGRINE CT**
 3.4 CITY-ST-ZIP **ORLANDO FL 32819**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME **DV Copa, Andrew**
 5.3 STREET ADDRESS **6242 Peregrine Ct**
 5.4 CITY-ST-ZIP **ORLANDO FL 32819**

6.1 TITLE Change Addition
 6.2 NAME **D Mora, Lenore**
 6.3 STREET ADDRESS **6244 PEREGRINE CT**
 6.4 CITY-ST-ZIP **ORLANDO FL 32819**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Manuela Belligio* SIGNATURE REQUIRED *Manuela Belligio* 2/28/99 (407)370-4343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0018002

CR2E037 (11/98)